UNIVERSITY OF ALBERTA

COUNSELLOR DEVELOPMENT:
A QUALITATIVE STUDY OF CRITICAL INCIDENTS

BY

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In memory of my dear "Bubba"

Abstract

The purpose of this qualitative study was to explore the professional development of students in counselling psychology. Critical incidents were collected over the course of eight months from first year doctoral students in counselling psychology at the University of Alberta. The data analysis revealed a recursive model of development that can be applied to first year doctoral students. The process of counsellor development as it occurred in response to critical incidents was divided into three major themes through which counsellor trainees were found to cycle and recycle. First year doctoral students were found to experience a sense of internal chaos, responded to their chaos, and found a sense of order within their chaos. A discussion of the findings in reference to current research and their significance to the training and supervision of students is presented.

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Table of Contents

CHAPTER		PAGE
1.	INTRODUCTION	1
	Focus of the Inquiry	3
	Implications of the Inquiry	4
2.	REVIEW OF THE LITERATURE	6
	Models of Counsellor Development	6
	Research on Counsellor Development Models	22
	Developmental Changes in Supervision	22
	Developmental Changes of Trainees	26
	Critical Incident Research	32
3.	METHODOLOGY	39
	Choice of Approach	39
	Overview of the Grounded Theory Method	40
	Data Sources	41
	Constant Comparative Method	41
	Memoing	43
	Bracketing	43
	Generating a Theory	44
	Procedures	45
	Participants	45
	Sources of Data	47
	Data Collection	49
	Data Storage and Retrieval	50
	Data Analysis and Interpretation	50
	Trustworthiness	52
	Considerations of the Study	60
	Ethical Considerations	61
4.	RESULTS	63
	I. Experiencing Internal Chaos	69

A. Experiencing Cognitive Chaos 69
1. Experiencing Dissonance 69
2. Experiencing Inadequacy 76
B. Experiencing Emotional Chaos 79
1. Experiencing Anxiety 79
2. Experiencing Anger 84
3. Experiencing Awe 88
II. Responding to the Chaos 92
A. Responding Intrapersonally 93
1. Reflecting on Ideas, Concepts, and/or Observations 93
2. Reflecting on the Self 95
3. Reflecting on Clients 100
B. Responding Interpersonally 102
1. Setting Boundaries 102
a. For Protection 103
b. Around Roles and Responsibilities 107
2. Dialoguing with Others 112
a. About Feelings 113
b. About Therapy 116
c. About Performance 118
3. Experimenting with Tools 120
III. Finding Order Within the Chaos 124
A. Enhancing Therapeutic Competence 125
1. Building Therapeutic Skills 125
2. Shifting Emotional Perspectives 130
a. Feeling Empowered 130
b. Decreasing Anxiety 133
c. Affirming the Self 136
3. Finding a Fit between Self and Theory 138

B. Developing New Insights 139
1. Developing Insights about the Self 139
a. Insights about the Counsellor's Roles and Responsibilities 140
b. Insights about Internal Chaos 142
c. Insights about Behaviours 147
2. Developing Insights about Clients 149
3. Developing Insights about Therapy 153
a. Insights about Therapeutic Techniques and Concepts ... 153
b. Insights about Therapeutic Processes 157
5. DISCUSSION 163
Literature on Anxiety, Dissonance, and Inadequacy 163
Literature on Trainees' Response Strategies ... 169
Literature on Shifting Emotional Perspectives 173
Literature on Insights about the Self 174
Implications of the Research 176
Contributions and Recommendations 182
Delimitations and Future Research 185
Epilogue 187
References 190
Appendix A: Consent Form 202
Appendix B: Critical Incident Form 206

List of Tables

Table

1 - Number of Critical Incidents in Relation to the Context and Trainee 64

List of Figures

Figure

1 Theme 1 of the Counsellor Development Process: Experiencing Internal Chaos ... 66

2 Theme 2 of the Counsellor Development Process: Responding to the Chaos 67

3 Theme 3 of the Counsellor Development Process: Finding Order within the Chaos 68

CHAPTER ONE

Introduction

The concept of development in psychology has been thoroughly studied. As Skovholt and Ronnestadt (1992) noted, "few concepts in psychology have such diverse content as the concept of development" (p. 2). In formulating a definition of development, Baltes, Reese, and Nesselroade (1977) stated that development "deals with the description, explanation and modification (optimization) of intraindividual change in behaviour across the life span and with interindividual differences (and similarities) in intraindividual change" (p. 4).

The concept of development and those individuals who have formulated theories of development are vast and have been quite influential. Various developmental models have focused upon the phases of psychosexual development (Freud, 1957), the eight ages of man (Erikson, 1963), ego development (Loevinger, 1976), moral reasoning (Kohlberg, 1963), ethical and intellectual development (Perry, 1970), the periods of male adulthood (Levinson, 1978), cognitive development (Piaget, 1963) and self-evolution (Kegan, 1982).

Regardless of the theoretical orientation which one may take, Lerner (1986) noted that there are certain minimal features to the concept of development: (a) development always implies some sort of change; (b) change is organized systematically; and (c) change involves succession over time.

Within the area of counsellor development, there have been numerous models to formulate what, how, and why counsellors develop. According to Holloway (1988),

"a counsellor development model describes changes in the emerging counsellor as they are actuated in the trainee" (p. 138). The developmental paradigm has focused upon trainee changes in the following areas: response patterns (Tracey, Hays, Malone, & Herman, 1988); cognitions (Borders, 1989; Hillerbrand, 1989); needs (Stoltenberg, Pierce, & McNeill, 1987); skills (Hill, Charles, & Reed, 1981; Worthington, 1984); perceptions of self (Borders, 1990; McNeill, Stoltenberg, & Pierce, 1985); conceptualizations of the counselling process (Martin, Slemon, Hiebert, Hallberg, & Cummings, 1989); preferences, needs and perceptions of supervisors and supervision (Borders & Usher, 1992; Friedlander & Snyder, 1983; Krause & Allen, 1988; Leddick & Dye, 1987; Miars, Tracey, Ray, Cornfeld, O'Farrell, & Gelso, 1983; Nelson, 1978; Tracey, Ellickson, & Sherry, 1989; Wiley & Ray, 1986; Worthington, 1984; Worthington & Roehlke, 1979) and perceptions of clients (Borders, Fong, & Neimeyer, 1986).

It appears obvious from the literature that the growth and development of trainees can be a complicated, and at times, painful process. One area that seems to have been neglected in the research literature is the examination of specific, daily experiences which contribute to an individual's growth and development as a counsellor/therapist. These daily experiences, otherwise known as critical incidents, include any experiences which a counsellor feels are significant in contributing to his/her development. Experiences contributing to a counsellor-in-training's development may include interactions with one's supervisors, clients, peers and any other events which transpire

beyond the counselling realm. All of these experiences can have a profound impact because they have the capacity to call into question a counsellor-in-training's personal beliefs, opinions, biases and means of behaving.

In discussing his experiences in learning to become a psychotherapist, Fried (1991) noted that "learning about myself has been only one occupational hazard of becoming a psychotherapist" (p. 78). It is through the process of experiencing, reflecting, challenging, and questioning oneself that an individual comes to define who he/she is as a therapist.

Focus of Inquiry

Using critical incidents as a source of data, this inquiry seeks to understand the process of counsellor development among first year doctoral students in counselling psychology. The purpose of this study is to obtain critical incidents from doctoral students as they are experienced over a period of eight months. In a sense, participants are charting their own pattern of development, and are noting those events deemed most crucial to their development. In addition to being able to accurately reflect on those events which contribute to their development, counsellor trainees will also be able to provide detailed reflections on why a particular event has had a particular impact upon them. The process of counsellor development shall be inductively derived using this ongoing data. Through this process, one hopes to obtain a clearer understanding of the types of critical incidents, how trainees respond to them, and how they are important to their development.

Implications of the Inquiry

To date, such a thorough understanding of critical events and how they contribute to a trainee's development has not been obtained. A clarification of the process of counsellor development among doctoral students would be valuable from several perspectives:

(1) The information and knowledge obtained from this study could be put to use by counsellor educators. Information obtained can be used to describe, explain, and predict changes in counsellor trainees. Furthermore, counsellor educators could use any information to set up training programs or environments which could best facilitate an individual's developmental process. For example, if this study revealed that anxiety is a recurring element in the developmental process, then it would become important for professors and/or supervisors to create a context which best deals with this element.

(2) Knowledge obtained from this study could also make contributions to adult learning research, Specifically, it may be able to demonstrate how the participants use different learning strategies and how different elements and/or experiences help to transform a counselling trainee's view of the world, and how they contribute to counselling development may be gleaned.

(3) Finally, students who are in the process of becoming counsellors have the opportunity to express how various experiences have contributed to their development as counsellors. It appears to be important for students to have a forum from which they are able to speak their voice and to listen to the voices of others. Being able to identify with others who share similar

developmental experiences and processes decreases a sense of isolation. In the process of identifying with others, they, like counsellor educators, may be more respectful of themselves and the stage at which they are functioning.

CHAPTER TWO

Review of the Literature

The purpose of this chapter is to review literature from various sources. The research to be reviewed includes models of counsellor development, and quantitative and qualitative research studies (primarily critical incident research) on developmental changes in supervision and counsellors.

Models of Counsellor Development

In the literature, there appears to be a considerable amount of interest in models which address the counsellor development process (Chazan, 1990; Friedman & Kaslow, 1986; Grater, 1985; Hess, 1986, 1987b; Hill et al., 1981; Hogan, 1964; Littrell, Lee-Borden, & Lorenz, 1979; Loganbill, Hardy, & Delworth, 1982; Rodenhauser, 1994; Sawatzky, Jevne, & Clark, 1994; Stoltenberg, 1981; Stoltenberg & Delworth, 1987; Yogev, 1982). Such models are an attempt to describe the qualitative shifts in development which result in the emergence of a counsellor identity.

Hogan (1964)

Hogan (1964) was one of the first theorists to conceptualize a stage theory of counsellor development. His model has been viewed as a foundation for other developmental models (Stoltenberg, 1981). Hogan describes four stages of counsellor development. In the first stage, beginning counsellors are seen as dependent, insecure, method-bound, and uninsightful. Typically, these individuals learn through imitation. At the second stage, counsellors are described as ambivalent, struggle with insight, and have dependency-autonomy conflicts. Counsellors vacillate between

feeling overconfident in their skills to feeling overwhelmed by the responsibilities of their profession. As a result, flunctuations in motivation occur (p. 140). During the third stage, counsellors have a more stable commitment to the profession, gain professional self-confidence and have greater insights. Individuals are able to distinguish between healthy and neurotic motivations. Finally, the stage four, 'master psychologist', operates from a position characterized by personal autonomy, insightfulness and personal security (p. 140).

In addition to the four stages of counsellor development, Hogan (1964) suggests that different supervisory interventions be used at each level. Matching ideal environments to developmental levels is thought to ensure a counsellor's optimal development. For level one trainees, Hogan suggests teaching, interpretation, support and awareness-training strategies. Level two supervision is characterized by support, ambivalence-clarification, and exemplification. Sharing, exemplification, personal and/or professional confrontation typify the supervisory environment at level three. At the last stage, sharing, confrontation and mutual consultation are the preferred supervisory methods.

Littrell, Lee-Borden, and Lorenz (1979)

Littrell et al. (1979) examines four training models which are used to train counsellors: teaching, counselling/therapeutic, consulting, and self-supervising. Rather than using a single model to describe the process of supervision, Littrell et al. proposes that all four models be integrated in order to

accurately describe the changing roles and responsibilities of both the supervisor and trainee (p. 130). Each model describes the specific tasks that must be mastered as one becomes a professional. Littrell et al.'s framework encourages supervisors to modify goals, methods, and roles as trainees become more responsible.

In the first stage, the primary goals include establishing a supportive environment for the trainee, clarifying the nature of supervision, exploring the supervisor and trainee's goals and expectations, and developing a learning contract.

Stage two supervisors use both the counselling and teaching models. Using the counselling model, the foci of supervision are the trainee's thoughts, feelings and actions, and how these facilitate or impede therapy. The assumption is that counsellors are more effective if they are aware of and understand their cognitive, affective and behavioural reactions to clients. With the teaching model, the supervisor's emphasis is upon the teaching and application of specific therapeutic skills.

At stage three, the consultation model emphasizes the increasing responsibility of the trainee. Trainees are expected to identify and evaluate areas of difficulty and set personal goals. Finally, stage four is characterized by the self-supervising model. According to Littrell et al. (1979), individuals who self-supervise make observations and render judgments about their performances, and make responses that include positive or negative self-evaluative reactions (p. 133).

Stoltenberg (1981)

Stoltenberg's (1981) Counsellor Complexity Model is not only an expansion of Hogan's (1964) ideas, but its' origin is also linked to Harvey, Hunt, and Schroeder's (1961) Conceptual Systems Theory. This latter theory has been used primarily to describe the different cognitive and personality characteristics of students and how these characteristics can be matched to optimal learning environments.

Stoltenberg (1981) extrapolated Harvey et al.'s (1961) scheme to counsellor supervision. His model is similar to the Conceptual Systems Theory in that as a counsellor develops, he/she becomes more cognitively complex. Stoltenberg's model is also similar to Hogan's model (1964) in that Stoltenberg proposes ways in which supervisors and trainees change over the course of training. The Counsellor Complexity Model retains Hogan's stages of counsellor development and is seen as an improvement as the stages have been expanded into a more complete explanation of the supervision process (Stoltenberg, 1981, p. 60).

The model proposes four discrete levels of supervisee characteristics and corresponding levels of supervision environments. As a supervisee progresses through the levels, risk-taking, autonomy, self-awareness, and self-confidence are increased. The trainee becomes more comfortable critiquing his/her performance, and is no longer a staunch disciple of any single technique (p. 63). Similarly, the supervision environment also shifts. Supervisors use less structure, become less didactic and directive, and are more likely to confront students on personal and

professional matters. In addition, supervisors become more comfortable in revealing personal weaknesses without the fear of losing a trainee's respect. Shifts in both the supervisee and the supervision environment results in a fully independent psychologist who is able to recognize when professional consultation is necessary (p. 63).

Loganbill, Hardy, and Delworth (1982)

Loganbill et al. (1982) present the most comprehensive model of counsellor development and supervision. According to these authors, their model was heavily influenced by the works of Erikson, Mahler, and Chickering (p. 14). Loganbill et al.'s model consists of three stages which are sequentially experienced as trainees encounter critical issues which arise in supervision. The eight critical issues which occur in supervision include: competence, emotional awareness, autonomy, identity, respect for individual differences, purpose and direction, personal motivation, and professional ethics.

Stagnation, the first stage, is characterized by the trainees lack of insight in regards to their deficiencies and impact on the client. In therapy they engage in a linear approach to problem solving, have a low self-concept, and are dependent upon the supervisor for guidance. Supervisors may be viewed as idealized figures.

Stage two, 'confusion', is characterized by "instability, disorganization, erratic fluctuation, disruption, confusion and conflict" (Loganbill et al., 1982, p. 19). There is the realization that the linear approach to problem solving is inadequate and trainees

become more open to having their perspectives challenged. Trainees become more receptive to new ideas and ways of behaving. Despite becoming aware of their strengths and abilities, trainees continue to be vulnerable to feeling incompetent. They experience a sense of confusion as they fluctuate between feelings of failure and great expertise (p. 18). Feelings of anger and disappointment may also be experienced when it becomes evident that the supervisor cannot provide answers.

Integration, the third stage, has been described as 'the calm after the storm'. It is characterized by "reorganization, integration, a new cognitive understanding, flexibility, personal security based on awareness of insecurity and an ongoing continual monitoring of the important issues of supervision" (Loganbill et al., p. 19). A more realistic view of oneself and one's supervisor becomes apparent. Trainees are able to acknowledge and accept weaknesses and strengths in themselves and their supervisors. There is also a confidence that one's areas of weakness will become less problematic with time.

This comprehensive model views development as a continuous process which takes place over a person's entire professional life (Loganbill et al., 1982, p. 17). This model allows each of the eight critical issues to recur at any given point in time. When an issue recurs, the individual recycles through the developmental stages. Recycling through the stages is at an increasingly deeper level.

Loganbill et al.'s (1982) model is similar to Hogan's (1964) in that it describes different categories

or interventions which are useful in supervision. These interventions can foster a trainee's development within a stage and ease the transition between stages. The authors acknowledge that the supervisory relationship evolves with time and is dependent upon the trainee's needs and the prevalent developmental issues.

Yogev (1982)

Yogev (1982) describes her model as an eclectic approach to supervision in which a supervisee's personal growth, skill acquisition and mastery of cognitive knowledge are addressed. Stage one, 'role definition', addresses the trainee's struggle with his/her new roles of therapist and supervisee. During this stage, trainees demystify perceptions of the therapist role, express feelings of anxiety and inadequacy, and learn to understand the strengths and limitations of being a therapist. The nature of supervision, including the trainee and supervisor's expectations of each other and boundary limitations, are issues discussed during this stage.

During the second stage, 'skill acquisition', mastery of techniques and knowledge become the primary focus. This stage has both didactic and experiential elements. Trainees learn about what is covered in an intake interview and shift towards simulating therapeutic interviews with peers. According to Yogev (1982), interview simulation in a safe environment results in diminished anxiety and increased feelings of competence in one's ability to conduct a session invivo (p. 241).

Stage three, 'solidification and evaluation of practice', consists of trainees receiving their own

clients and presenting their work in supervision. The issues addressed in supervision are highly individualized and dependent upon the supervisor's theoretical orientation. Yogev (1982) notes that as each new client issue arises, supervisors prepare the trainees to become more competent "by combining emotional-experiential self-understanding, acquisition of cognitive-didactic knowledge with acquisition of specific skills that were practiced and mastered" (p. 243).

Grater (1985)

Grater's model (1985) examines four, increasingly complex, stages of trainee development and supervision. The focus of the first is upon the development of the basic therapeutic skills of listening, attending, and responding. Trainees adopt the therapist's role through the use of extensive role-playing. Engagment in role-playing results in the trainees relinquishing their social patterns of interacting in favor of more appropriate therapeutic responses. When anxiety arises, trainees are encouraged to examine how they cope with it and its' impact upon the therapeutic process.

In the second stage, trainees focus upon becoming more flexible. This is achieved through the expansion of their repertoire of skills and roles so that they can work with a broader range of clients.

In the third and fourth stages, 'process' rather than 'skills and content' are emphasized within supervision. Stage three trainees learn to identify and assess patterns of client interaction and appropriate ways of responding. An appropriate pattern of responding "assures that the process of therapy, the

interaction between therapist and client is . . . a corrective emotional experience" (Grater, 1985, p. 607). In stage four, there is the increased involvement of the therapist as a person. Sensitivity to the therapeutic process and how a trainee uses him/herself occurs. Self-disclosure becomes a therapeutic tool which trainees are able to use more effectively. Mastery of earlier stages is required prior to moving on to subsequent stages. Completion of all four stages results in a therapist who is able to attend to the interactions between the client, problems, techniques and the therapist (p. 609).

Friedman and Kaslow (1986)

Friedman and Kaslow (1986) formulated a six stage model of professional identity in psychotherapists. They described this process as it occurs within the context of supervision. Phase one is characterized by diffuse anxiety and anticipation. These feelings arise when a trainee realizes that he/she is becoming a psychotherapist. A supervisor can assist the trainee by providing an environment in which a trainee feels safe to experience this anxiety.

During the second phase, 'dependency and identification', trainees begin to see clients and may feel overwhelmed by their training and clinical demands. They realize that they lack the confidence, skills and knowledge of a psychotherapist. This results in dependence upon the supervisor, and a tendency to emulate much of the supervisor's therapeutic philosophy and style. In supervision, trainees avoid being completely clear in regards to what has been happening with their clients. Information is purposely withheld

out of the trainees' fear that their supervisor may view them as an incompetent therapist.

Phase three, termed 'activity and continued dependency', is marked by a trainee's realization that he/she has had a significant impact on a client. Having this awareness, "the new therapist fluctuates between a gross overestimation of his or her therapeutic power and equally inaccurate underestimation of it" (p. 38). Trainees also become more active in supervision, but during episodic crises when anxiety is heightened, they revert back into a more dependent mode. Supervisors are advised to adopt an accepting stance in which trainees are encouraged to take risks, experiment and learn from one's mistakes.

At the fourth phase, 'exuberance and taking charge', the individual is more aware that he/she is truly a psychotherapist. Awareness of the treatment process and identification with a theoretical orientation results in one feeling more in control of his/her role. In supervision, there is an increased openness to exploring new ideas, views and means of behaving, and discussing countertransference issues. Supervisors act increasingly as consultants and are available as required.

Phase five, 'identity and independence', has been described as the period of professional adolescence (p. 42). A trainee begins to see that he/she is able to function and survive without the supervisor's support. A trainee may express his/her independence by withholding information about his/her cases. A supervisor is evaluated more critically, and his/her deficiencies become more apparent. The trainee is no

longer in a position whereby he/she passively complies with a supervisor's recommendations, for he/she has a fairly well-developed repertoire of skills, and can more thoroughly evaluate whether or not his/her supervisor's recommendations should be followed.

The final, sixth phase, 'calm and collegiality', is characterized by a firm sense of professional identity and feelings of collegiality with one's peers and supervisors. A trainee no longer struggles with self-doubts about his/her competency. In supervision, a supervisor is viewed in a more realistic light, for he/she is now seen as an individual who possesses professional and personal strengths and weaknesses. Countertransference issues are examined readily and have become the primary focus in supervision. A trainee is less likely to view these reactions as character defects. Reactions are now seen as providing valuable pieces of information about the client and therapist (p. 47).

Friedman and Kaslow (1986) suggest that the model's phases can overlap one another. It is also possible for a trainee to revert to earlier phases when faced with new and difficult circumstances. Such retrograde motion is believed to be an inherent part of the learning and developmental processes (p. 32)

Hess (1986, 1987b)

Hess (1986, 1987b) presents a four stage model of therapist development. His emphasis is upon the psychological needs of the trainee. Inception, the first stage, is characterized by anxiety, ambivalence, a sense of insecurity and rigidity. Trainees display the feeling of being unanchored and are unaware of the

profound impact that they can have upon clients. During 'skill development', the development of technical skills and comfort with the psychotherapist role occurs. The trainee becomes less self-critical, and is able to acknowledge his/her strengths and weaknesses. The third stage of 'consolidation' highlights a sense of mastery. Skills acquired in the previous stage are enhanced and extended to new client populations and settings. The trainee becomes increasingly recognized by others for particular skills and talents. One's professional identity becomes solidified. In the final stage of 'mutuality', the therapist is seen as an autonomous individual who is able to give and receive consultations. According to Hess (1987b), trainees are able to "create solutions to problems and share these insights with others" (p. 252). They are described as creative, intuitive, and artistic. Hess noted that his model is open-ended in the sense that a professional can recycle through his proposed stages.

Stoltenberg and Delworth (1987)

Stoltenberg and Delworth (1987) devised the Integrated Developmental Model (IDM) which is based upon the models proposed by Hogan (1964), Stoltenberg (1981) and Loganbill et al. (1982). This model uses the Piagetian constructs of assimilation and accommodation in describing a trainee's growth. Information is either taken in and integrated into existing structures (assimilation) or when information does not fit, new constructs are formulated (accommodation).

The IDM has four phases of trainee development. During each phase, the trainee progresses according to three basic, overriding structures: self- and other-

awareness, motivation, and autonomy. In addition to these three overriding structures, there are eight specific professional development domains that trainees can encounter at each phase. These specific domains include: intervention skill competence, assessment techniques, interpersonal assessment, client conceptualization, individual differences, theoretical orientation, treatment goals and plans, and professional ethics. The model examines how the three main structures impact upon these specific domains.

In describing a trainee throughout the four phases, some general characteristics of his/her developmental process will be provided. For phase one trainees, the goal is to learn and understand therapy. Means of achieving this goal is through learning skills. Trainees focus primarily upon themselves and their performance of newly acquired skills and behaviour. Anxiety is the most prevalent emotion and it serves to motivate beginning therapists to learn those necessary skills. A trainee is concerned that he/she learns the 'right' approach to therapy and tends to emulate a role model by adopting the same theoretical orientation. A trainee is likely to be dependent upon supervisors and possess a desire to be taught and nurtured by his/her supervisor (p. 42).

A phase two trainee moves away from being self-focused and begins to attend more closely to the client. Consequently, this increased other-focus results in a better understanding of the emotional and cognitive aspects of the client. The risk of having a more intense other-focus is that the trainee ends up over-identifying with the client's feelings and is unable to

formulate a treatment plan which will assist the client. Motivation fluctuates as the trainee encounters situations in which clients may not be easily helped or situations in which interventions are not readily available. With supervisors, a trainee may experience a dependency-autonomy conflict, vacillating between a decision of accepting or rejecting a supervisor's feedback.

The phase three trainee tends to use both the self- and other-focus in therapy. He/she can conceptualize client problems, is aware of the client's needs, emotions and thoughts, his/her impact on the client, and his/her emotional reactions to the events which transpire in therapy. Rather than striving to emulate a role model, a trainee desires to formulate his/her own therapeutic style and operate more independently. Feedback from a supervisor is evaluated more critically, and a decision to accept feedback is based upon whether it fits with the trainee's therapeutic style or the client.

The phase four, 'Integrated Therapist', is an extension of the previous phase. This counsellor functions at a high level in all eight professional development domains. All domains are well incorporated into the trainee's practice. The Integrated Therapist is "creative, able to learn from self and others, and able to evolve strong and appropriate accommodations throughout the life cycle" (p. 45).

Chazan (1990)

Chazan's (1990) approach to the development of the supervisee is psychodynamic in nature. In supervision, she proposes three phases through which the supervisee

evolves. In the first phase, 'creation of a space', trainees experience uncertainty and doubt about themselves and their therapeutic abilities. During 'structure building', the supervisor-supervisee relationship is experienced as twinning. According to Chazan, the supervisor "functions as an alter ego strengthening the supervisee's feeling of competence through similarity and shared meaning" (p. 26). New understandings and techniques are practiced. Finally, during the phase of 'reciprocity and "well-being"' the trainee has developed a sense of "well-being", has attained his/her professional identification and is recognized by others as a colleague in the profession.

Rodenhauser (1994)

Rodenhauser's (1994) four main developmental milestones typically encountered by trainees are based upon research by Ralph (1980). Rodenhauser notes that 'restoration', the first milestone is typified by a trainee's attempt to 'restore' the patient by acting as an expert. During 'interpretation', a trainee adopts a theoretical base from which to work. New realizations encompasse the recognition of the relational aspect of therapy. Finally, in achieving the fourth milestone, 'instrumentation', trainees come to recognize the importance of one's 'self' in the therapeutic process. There was no indication as to whether Rodenhauser's (1994) model is linear or recursive in nature.

Sawatzky, Jevne & Clark (1994)

Sawatzky et al. (1994) inductively derived a model which they labeled 'Becoming Empowered'. This non-linear, recursive model has four main themes, each of which contributed to their identified process. The themes are

as follows: (a) experiencing dissonance, (b) responding to dissonance, (c) relating to supervision, and, (d) feeling empowered.

The first theme, 'experiencing dissonance', is characterized by the emotional turmoil of fear, frustration, anxiety and confusion along with the recognition that their skills, knowledge and experience are deficient in some way. Responding to dissonance, the second theme, is marked by the acquisition of skills, information and experience. Taking risks, engaging in self-reflection, defining the trainee's capacity and withdrawing from risk are strategies used to reconcile the dissonance. The third theme, 'relating to supervision', is described as an important part of dealing with dissonance. For example, Sawatzky et al. (1994) noted that feeling safe, respected, affirmed and being able to respond to challenges and expectations in the supervisory relationship were all helpful in facing dissonance. Finally, 'feeling empowered', is characterized by an increase in self-trust, a clarification of personal and professional boundaries, an openness to accessing other resources, and the development of self-reflection. Feeling autonomous, competent in their skills, validated in their discipline, and being able to engage in collegial relationships are other noteworthy features of this last theme. These authors note that the experience of dissonance is present throughout a trainee's development, but as one successfully deals with it, feelings of empowerment increase, and the sources of dissonance come to be viewed as providing positive experiences.

Research on Counselor Development Models

In an examination of the research, there appears to be a limited number of studies which assess the viability of counsellor development models. Overall, studies generally support the idea that there are qualitative changes in both counsellors and supervision as counsellors gain experience (Borders, 1989, 1990; Heppner & Roehlke, 1986; Hillerbrand & Claiborn, 1990; McNeill et al., 1985; McNeill, Stoltenberg, & Romans, 1992; Miars et al., 1983; Olk & Friedlander, 1992; Rabinowitz, Heppner, & Roehlke, 1986; Reising & Daniels, 1983; Stoltenberg et al., 1987; Wiley & Ray, 1986; Winter & Holloway, 1991; Worthington, 1984).

Developmental Changes in Supervision

An early study by Miars et al. (1983) focused upon whether supervisors perceive themselves as varying the supervision environment according to a trainee's experience level. This study was one of the first attempts to empirically explore whether changes in supervision exist as outlined by Stoltenberg (1981). In the study, four levels of counsellor trainee experience were identified (beginning practicum, second practicum, advanced practicum and pre-doctoral intern). Thirty seven Ph.D. supervisors completed a 65-item questionnaire which examined various dimensions of the supervision process: supervisors' behaviours, roles and functions. Supervisors were required to respond to each questionnaire item for each of the four levels of trainees.

The results of this study (Miars et al., 1983) indicated that supervisors rated themselves as varying their behaviours across the trainee levels.

Specifically, there appeared to be two separate supervision environments: one for beginning and second practicum students (beginning supervision), and the other for the advanced practicum and pre-doctoral intern trainees (advanced supervision). In advanced supervision, there was less structure, direction, support and direct teaching. Furthermore, personal development, client resistance and transference/countertransference were issues more likely to be addressed. Miars et al. concluded that the differences in the supervision environments "parallel closely the optimal supervision environment changes (matchings) that are postulated to be necessary for counsellor stage development in the Counsellor Complexity Model" (p. 410).

Wiley and Ray (1986) also attempted to validate Stoltenberg's (1981) model of counsellor development. In this study, supervisors were required to complete a questionnaire which was aimed at describing their supervisees and the type of supervision environment provided. As in the Miars et al. (1983) study, the results indicated that supervisors provided supervision environments that were consistent with their perception of a trainee's developmental level (Wiley & Ray, 1986, p. 444). These results were also similar to those found in a study by Krause and Allen (1988). Together they lend support to Stoltenberg's (1981) Counsellor Complexity Model.

The Krause and Allen (1988), Miars et al. (1983), and Wiley and Ray (1986) studies were limited by numerous factors. The design of these studies were cross sectional in nature, and it is not clear whether

the supervisors' self-reports were congruent with how they actually behaved with supervisees in supervision. Furthermore, the Miars et al. and Wiley and Ray studies were limited by focusing primarily upon the supervisors', rather than the supervisees' perceptions of what occurs within supervision.

Worthington (1984) conducted a study which examined supervisees' perceptions of their supervisors' behaviours as supervisees gain experience. Supervisees from United States nationwide counselling settings were classified into five levels of training: Practicum 1, 2, 3, 4, and internship. Participants completed the Supervisor Questionnaire (SQ), an instrument used to assess frequencies of supervisor behaviours. The results were congruent with the suggestion that supervisors behave differently as trainees gain experience. Overall, the trend in the results suggested that the counsellors' increasing independence was encouraged as they gained experience and that supervisory behaviours which supported the independence were more evident with advanced counsellors.

Heppner and Roehlke (1986) were also interested in obtaining supervisees' perspectives of supervision and whether they are subject to developmental changes. Trainees of different developmental levels were found to identify different supervisory behaviours as contributing to effective supervision. For beginning practicum students, supervisors who focused on fostering a positive supervisor-supervisee relationship were seen as more effective. Among advanced practicum students, supervisors who facilitated the development of additional counselling skills were preferred, and at the

intern level, preferred supervisors were those who dealt with the impact of a supervisee's personal issues on counselling.

A number of studies (Ellis, Dell, & Good, 1988; Fisher, 1989; Zucker & Worthington, 1986) have not found empirical support for the idea that supervision changes according to the experience level of supervisees. For example, Zucker and Worthington (1986) administered a number of questionnaires on supervisory behaviours to intern and postdoctoral counselling psychologists. The results indicated few differences in supervision. The authors proposed that this result could be explained in one of two ways. Either the developmental model of supervision was incorrect or interns and postdoctoral psychologists are very similar. Research indicates that the latter explanation is probably more true, for Hill et al. (1981) found that few developmental differences exist between these two groups.

Similarly, Fisher (1989) empirically tested Hogan's (1964) developmental hypothesis of supervision. Using structured interviews, sixteen beginning and advanced trainees were asked to identify the most helpful areas of supervision. The results indicated that beginning and advanced trainees were similar in their perceptions of effective supervisor behaviour, in supervision foci, and in their perceived and ideal relationships with their supervisor. Fisher (1989) concluded that a trainee's developmental level is not an important variable in the type of supervision offered. Such a conclusion runs contrary to Hogan's (1964) hypothesis.

Developmental Changes of Trainees

Other evidence has accumulated in support of developmental models. The following studies examine the developmental changes amongst the trainees themselves.

Hill et al. (1981) formulated a four-phase model which looked at how student counsellors develop. In this study, graduate students were followed longitudinally through three years of training. The resultant model is an overview of the progress made through training.

In the first phase, 'sympathy', students were found to be over-invested and over-responsible for the client. Students in this initial phase had difficulties establishing boundaries with clients. Personal evaluations of his/her effectiveness were based upon whether or not the client had changed rather than upon the student's behaviour (p. 434).

Counsellor stance, the second phase, was highlighted by the tendency to identify with one psychotherapy model. The goal of this phase was to master the chosen method. This method was found to be used exclusively regardless of the client's needs.

The third phase, 'transition', covered a long period of time. Over the course of this phase, student counsellors were found to be exposed to many theories, clients, and supervisors. Exposure to a variety of orientations resulted in the individual becoming eclectic in his/her therapeutic approach.

In the last phase, 'integrated personal style', individuals increased their levels of self-confidence and trust. Student counsellors in this phase were able

to articulate a clear and consistent personal theory of counselling.

Reising and Daniels (1983) attempted to validate the constructs posed by Hogan's (1964) model. According to Fisher (1989), Reising and Daniels' study provides the strongest empirical evidence for Hogan's hypothesis. Participants were divided into four groups based on experience: (a) pre-masters level, (b) masters level, (c) advanced masters or intern level, and (d) Ph.D. level. The participants were given the Counsellor Development Questionnaire (CDQ). This self-report instrument reflects issues derived from Hogan's model. Response patterns to the CDQ items were compared across the groups. The results indicated that there were differences between the four groups on several of Hogan's issues. Specifically, it was found that "anxiety, dependence and skill focus give way to independence and self-confidence" (Reising & Daniels, 1983, p. 239) as trainees evolve into professionals.

McNeill et al. (1985) found similar results. They examined trainees' perceptions of their behaviours in counselling and supervision. Based on the amount of education, supervision and counselling experiences, trainees were divided into three groups (beginning, intermediate, advanced). Each trainee was required to complete the Supervisee Levels Questionnaire (SLQ), an instrument designed to measure aspects of a trainee's development as postulated by Stoltenberg (1981). The items on the SLQ are organized into three subscales: self-awareness, dependency-autonomy, and theory/skills acquisition. Group comparisons on the SLQ revealed significant differences. The results suggested that as

a trainee develops, he/she moves towards increasing autonomy, self-confidence, requires less external direction, can more easily critique his/her skills and finds it easier to apply acquired skills and theory (p. 632).

A further study by McNeill et al. (1992) attempted to assess the validity of Stoltenberg and Delworth's (1987) Integrated Developmental Model. Trainees who varied in the amount of previous training and experience were given a revised version of the SLQ. As in the McNeill et al. (1985) study, the results indicated that trainees scored significantly different from each other on the self and other awareness, motivation and dependency-autonomy subscales.

Tracey et al. (1989) examined counsellor trainees' preferences for structure in supervision. Beginning and advanced practica students responded to audiotaped supervision sessions which varied on the amount of structure provided by the supervisor. The results of the study supported Stoltenberg's (1981) notion that structure is more important for beginning counsellor trainees. According to Tracey et al, "beginning trainees prefer the direct teaching and prescription of the structured condition, whereas advanced trainees did not, preferring instead the room to search for their own answers" (p. 341).

Stoltenberg et al. (1987) assessed whether counsellor trainees' perceptions of their training/supervision needs change as a function of developmental level. These researchers hypothesized that as trainees become more educated and have a greater variety of supervision and counselling experiences, they

have a lesser need for: (a) supervisor imposed structure, (b) didactic instruction, (c) direct feedback of counselling behaviour, (d) supervisory support, (e) a greater need for self-direction, and (f) have fewer training and supervision needs in general. Students from United States nationwide counselling and clinical psychology programs participated in the study. Placement into the three groups was based upon education, counselling experience and amount of supervision received. Students were then required to complete the Supervisee Needs Questionnaire (SNQ), an instrument which assesses the following needs: (1) structure, (2) instruction, (3) feedback, (4) support/availability, and (5) self-direction. Group comparisons indicated that trainees' needs in supervision changed as they became more educated and had more counselling and/or supervision experiences. Specifically, there was a progressive decrease in their overall needs, and in their needs for supervisor imposed structure and feedback (p.31).

Borders (1990) investigated short-term changes in counsellors' behaviours. Students enrolled in a master's level practicum participated in the study. Using the SLQ, trainees' perceptions of their developmental level were assessed at the beginning (second week) and at the end (sixteenth week) of their practicum. At the end of their practicum, supervisees'

> perceived themselves as more aware of their own motivations and dynamics, less concerned about their performance during a session, and less dependent on their supervisor's support. They also reported more consistent application of acquired

> skills and knowledge when working with clients. (Borders, 1990, p. 164)

Borders' (1990) results provided yet another piece of support for Stoltenberg's (1981) Counsellor Complexity Model.

Research on other developmental changes of trainees has been conducted. Olk and Friedlander (1992) assessed the nature and extent of trainees' experiences with role ambiguity. The results of this study indicated that role ambiguity decreased with a trainee's experience level. With experience, trainees appeared to become more clear with respect to their role.

Research into the cognitive differences between trainees of different levels has been assessed by Hillerbrand & Claiborn (1990) and Winter & Holloway (1991). Hillerbrand & Claiborn's (1990) study focused upon cognitive processing differences involved in the skill of diagnosis. Individuals identified as experts (e.g., graduates who came from an APA-accredited psychology program, had five years experience, were licensed and employed) and novices (e.g., graduate students in APA-accredited counselling psychology with no prior clinical training) were given case studies and asked to give a diagnosis. The two groups were compared on the following dependent measures: accuracy of the diagnosis, number of diagnoses, rationale for the diagnosis, and predictions for future behaviour. Participants were also asked to indicate how knowledgeable, confident, anxious and clear they felt in their responses. The results of the study were mixed. Experts indicated that they felt significantly more knowledgeable and confident, saw the case more clearly,

and were less anxious than novices. With respect to differences in cognitive processing, no differences were found. The absence of significant differences was hypothesized to be due to the criteria used to distinguish between the groups, the nature of the task, and the lack of sensitivity of the dependent measures.

Winter & Holloway (1991) were interested in the impact of a trainee's experience level on the selection of audiotaped counselling passages for the supervision interview. Audiotaped passages were rated according to client conceptualization, trainee skills, trainee personal growth, and trainee evaluation of performance. Compared to novice trainees, the results indicated that the more experienced counsellors preferred to focus upon themselves, personal growth issues such as countertransference, self-efficacy, and self-awareness and, were more likely to choose passages that reflected less favorably upon themselves as counsellors.

A major critique of the research on developmental changes amongst counsellors is that there is an obvious lack of longitudinal research. Most studies have employed a cross sectional design. Holloway (1987) noted that "the lack of information on intraindividual changes across the course of a training program seriously weakens a developmental explanation of behavior change" (p. 213). It is believed that results arising from longitudinal research strengthens the existence of developmental changes amongst counsellors, thus strengthening the validity of supervisee developmental models.

In a review of the literature, Tyron (1996) was the first researcher to use a longitudinal design in

examining Stoltenberg and Delworth's (1987) Integrated Developmental Model. This author chose advanced psychotherapy trainees who had received either one or two semesters of supervised practice. Trainees were given the SLQ-Revised at the beginning, middle and end of their practicum year. The results indicated that trainees' scores on this instrument changed over time. There were significant gains in self-other awareness, autonomy, and motivation, thus providing support for supervisee development during training.

Critical Incident Research

Up to this point, the research indicates that there are developmental changes which occur in supervision and trainees. This research has been largely quantitative in nature. Because of the quantitative focus, researchers became interested in making a shift towards pursuing research which used a qualitative focus.

Heppner and Roehlke (1984) examined whether the critical incidents which students report in supervision vary according to their developmental level. At the completion of their practicum, students identified critical incidents within supervision which resulted in changes in their therapeutic effectiveness. These critical incidents were then placed into the categories of developmental issues outlined by Loganbill et al. (1982). Beginning and advanced practica students reported critical incidents which related to self-awareness and support, whereas doctoral students reported incidents which related to the impact of personal issues on therapy. On the basis of these results, Heppner and Roehlke (1984) concluded that the developmental theories could be supported.

Like much of the quantitative research, this study was also criticized for its cross sectional design. If we are to infer whether changes in supervisor behaviors truly exist, a longitudinal study is warranted. Rabinowitz et al.(1986) also criticized the retrospective nature of Heppner and Roehlke's study (1984) citing, "it is unknown whether a more immediate session by session reporting of important issues would result in similar findings" (p. 293).

Rabinowitz et al.(1986) took these criticisms into account by studying prospectively trainees' perceptions of important supervision issues. These investigators were interested in whether trainees' perceptions of important issues change as they gain experience. Participants at three levels of training (beginning practicum, advanced practicum, doctoral interns) were followed over a 12-week semester. Participants were given a list of 12 critical issues typically encountered in supervision. On a weekly basis, they were asked to identify the two most important critical issues experienced during that week's supervision session.

The results of Rabinowitz et al.'s (1986) study suggested that throughout the supervision process there were different issues which had varying importance to the groups. Early in the supervision process, all three groups indicated that the issue of 'clarifying my relationship with my supervisor' was most important. During the middle four weeks, important issues for beginning practicum students included, 'believing that I have sufficient skills to be competent', developing a treatment plan', and 'getting support from my supervisor'. For advanced practicum students and

interns, emotional issues such as 'confronting a personal blind spot' and 'having confidence to make interventions, independent of my supervisor's guidance' were most salient. During the last four weeks, the issue of 'having confidence in one's ability to make interventions' was most important for beginners, while advanced practicum students and interns indicated that 'understanding clients in a theoretical framework' was the most prominent issue. Thus, Rabinowitz et al. (1986) concluded that, "the results offer considerable support for a developmental conceptualization of the supervision process by providing process and outcome data as well as descriptive data about the supervision process" (p. 299).

In a study by Ellis (1991a), two models of supervisory issues were pitted against one another: Loganbill et al.'s (1982) and Sansbury's (1982) models. The goal was to discover whether specific critical incidents emerge in a prescribed hierarchical fashion (Sansbury, 1982) or whether critical incidents occur equally, regardless of a supervisee's developmental level (Loganbill et al., 1982). If Sansbury's notion was correct, then as a counsellor matures from neophyte to expert, the following critical issues emerge hierarchically: (a) competency, (b) relationship, (c) purpose and direction, (d) theoretical/conceptual identity, (e) emotional awareness/confrontation, (f) personal issues, (g) respect for individual differences, (h) autonomy, (i) professional ethics, and (j) personal motivation.

Eighteen doctoral students in counselling psychology participated in Ellis' (1991a) study.

Following each supervision session, participants were required to describe any critical incidents which resulted in changes in their effectiveness as counsellors. These critical incidents were rated on the basis of the above critical issues of supervision. The results indicated that certain critical incidents were more prevalent than others. Incidents involving the supervisory relationship, competency, emotional awareness, autonomy and personal issues were more frequently reported. Ellis concluded that Sansbury's model of hierarchical ordering of developmental issues could be supported.

Skovholt and McCarthy (1988) also examined critical incidents/events which stood out as significant markers in an individual's professional development (p.69). Participants in this study responded to advertisements in several professional newsletters. They were requested to describe one critical incident which had a profound impact upon them. Individuals who responded to the advertisements were from throughout the United States, had varying experience levels, and worked in a vast array of settings. Reported incidents were grouped according to the following categories: clients as teachers, counsellors as clients, counsellor disillusionment and vulnerability, cross-cultural lessons, finding a counselling niche, lessons from a child's death, letting go of over responsibility, mentors and models, personal pain as teacher, professional transitions, and theoretical awareness. Skovholt and McCarthy (1988) noted that "as a group, the authors very convincingly tell us that their experiences were key to their education and development as

counsellors" (p. 72). The difficulties with this study were that there was only one incident was solicited from each participant and the study was retrospective in nature.

Skovholt and Ronnestad (1992) did a more in-depth study on the themes in therapist and counsellor development. One hundred participants were divided by education and experience into five groups: (a) first year graduate students; (b) advanced doctoral students; (c) doctoral practitioners with five years post-doctoral experience; (d) doctoral practitioners with 15 years post-doctoral experience; and (e) doctoral practitioners with 25 years post-doctoral experience.

Semi-structured interviews were conducted and the grounded theory method was used to analyze the data. Participants were asked to comment on such issues as professional focus, predominant affect, sources of influence, personal working style, conceptual ideas used, and measures of effectiveness and satisfaction. Through the process of analysis, eight stages of professional development and 20 themes found in development were identified. Skovholt and Ronnestad (1992) concluded that as an individual interacts with multiple sources of influence over a long period of time he/she comes to rely more on internal, as opposed to external authority (p. 123).

Sawatzky et al. (1994) focused on critical incident data in formulating a model of counsellor development. They interviewed senior level Doctoral students in a counselling psychology program. At the time of the study, these participants were in the final stages of their pre-doctoral internship, and had completed all

evaluative components of their programs. In the interviews, the participants were asked to talk about any experiences which contributed to their effectiveness as counsellors.

Using the critical incident data and a grounded theory analysis procedure, Sawatzky et al. (1994) inductively derived a model which they labeled 'Becoming Empowered'. This non-linear, recursive model has four phases: (a) experiencing dissonance, (b) responding to dissonance, (c) relating to supervision, and (d) feeling empowered.

The limitations of this model were that it only focused upon one segment in the professional development of counselling psychologists, and like other studies (Heppner & Roehlke, 1986), it was retrospective in nature.

Research to date has included both qualitative and quantitative findings. Criticisms aimed at the quantitative findings have included the lack of longitudinal research and the focus upon the importance of supervision environment. This focus has resulted in the neglect of other important events beyond supervision which may have an impact upon counsellor development. Holloway (1987) has commented on this neglect, noting that investigations in the area of counsellor development have been restricted to the context of the supervisory relationship (p. 213). Furthermore, she stated that "an assumption undergirding this approach to data collection is that the supervisory event captures the essence of the trainee's development and is the best source of information of this phenomenon (p. 214). She calls upon an extention of the research in the area of

counsellor development beyond the supervision environment.

Qualitative research has attempted to extract themes common to counsellors development. The retrospective nature of the studies have required participants to comment on significant events which have occurred in the past. The present study's goal is to obtain current critical incidents from doctoral students as they are experienced. A process of counsellor development shall be inductively derived using the current data, and those incidents reported will provide an understanding of experiences as they are 'lived'. To date such an understanding of this process has not been obtained in this fashion. In this sense, this research is seen as an improvement upon prior studies. By using such an approach, it is hoped that one will not only develop an understanding of these 'lived' experiences, but will develop an understanding of how trainees react to such events and how they are important to their development as therapists.

CHAPTER THREE

Methodology

The purpose of this chapter is to review and describe the research methodology used in this study.

The Choice of Approach

All good research begins with asking a particular question. The form of question one asks ultimately determines the type of methodology one uses to answer the question. Individuals seeking out cause and effect answers, explanations, and predictions use the quantitative paradigm, while individuals interested in describing and understanding the elements of a phenomenon are better served by using the qualitative paradigm.

Berg (1989) notes that qualitative techniques "allow the researcher to share in the understandings and perceptions of others and to explore how people structure and give meaning to their daily life" (p. 6). Intricate details of a phenomenon that are difficult to convey with quantitative methods are more easily accessed through the use of qualitative methods. Furthermore, qualitative methods can be used to understand any phenomenon about which little is yet known (Strauss & Corbin, 1990).

In order to better understand the process of counsellor development among doctoral students, the qualitative paradigm was chosen. Specifically, the principles associated with the grounded theory approach will be used in this study. Given the nature of the data used in this study, theoretical sampling is the only grounded theory technique not used in this study. It is believed that through the use of the qualitative

paradigm, one would be able to ascertain and describe elements of development which are common to this population.

Overview of the Grounded Theory Method

Grounded theory is a "highly systematic research approach for the collection and analysis of qualitative data for the purpose of generating explanatory theory that furthers the understanding of social and psychological phenomenon" (Chenitz & Swanson, 1986, p. 3). The term grounded theory describes both the research method and research product.

There are several advantages to using grounded theory. Glaser and Strauss (1967, 1978), the originators of the approach, developed it so that researchers could have "an opportunity to create theory in subject areas that are difficult to access with traditional research methods" (Rennie, Philips, & Quartaro, 1988, p. 140). Stern (1980) notes that the use of grounded theory is especially warranted in investigations of relatively uncharted waters. Quartaro (1986) suggests that it be used in circumstances where "there may be some research in an area but there are no good theories, and in particular, are no theories which are comprehensive explanations or all or most aspects of the phenomena in question" (p.2). Finally, individuals seeking out fresh perspectives in familiar situations may be motivated to use this approach (Stern, 1980).

The most pertinent reason for doing grounded theory research deals with the fact that the end result is the discovery of a process (Strauss & Corbin, 1990). A process suggests that there is movement and change in a phenomenon over time (Fagerhaugh, 1986).

The approach uses a set of procedures to inductively derive a theory about a phenomenon. Rather than collecting and fitting data to a pre-formulated theory, a theory emerges. This method does not presuppose any specific constructs or hypotheses (Glaser, 1978). By allowing a theory to emerge from the data, it is ensured that the theory remains faithful or close to the data (Strauss & Corbin, 1990). Thus, the term 'grounded theory'.

In this section, a number of basic features with respect to grounded theory will be described. These features include data sources, constant comparative method of analysis, memoing, and bracketing.

Data Sources. The data in a grounded theory study can be collected from a variety of sources, including, formal or informal interviews, behavioural observations, documents, diaries and the professional literature (Simms, 1981; Stern, 1980). The data sources selected are those which best represent the phenomena under study (Quartaro, 1986).

Constant Comparative Method of Analysis. Grounded theory uses the constant comparative method of analysis throughout a study. It is the fundamental method of data analysis (Hutchinson, 1986). The initial analysis begins with the researcher breaking down the data into smaller pieces. These smaller pieces of data, also known as indicators or datum incidents, are in the form of sentences and/or paragraphs. As the researcher examines each indicator, he/she asks him/herself, "what category does this indicator represent?". Each indicator is given a code (Strauss, 1987).

The technique of constant comparison (Glaser & Strauss, 1967) is used to build up a category. Each code is compared to all other incidents. A researcher searches for "similarities, differences, and degrees of consistency of meaning among indicators (Strauss, 1987, p. 25). Datum incidents which are similar are grouped into categories. As categories are generated, their properties (i.e., structure, temporality, cause, context, dimensions, and consequences) are defined (Hutchinson, 1986).

Through the course of analysis, these categories are also examined in terms of how they relate to one another. Shatzman and Strauss (1973) call these relationships, "linkages". If possible, categories which have many similarities, or a high degree of overlap are collapsed into a larger, and more encompassing category. Some categories become more central because they have links with many other categories. Rennie et al. (1988) note that "the network of linked categories forms a hierarchical structure in which central categories subsume lower-order categories" (p. 144).

The end result of this hierarchical arrangement of categories is the development of a 'core category'. Categories, properties, phases and dimensions of the theory can all be traced to the core category (Hutchinson, 1986). It illuminates a process which "has a time dimension, stages, and turning points" (Fagerhaugh, 1986, p. 134). This core process is important because it recurs frequently in the data, it links the data together, and it accounts for much of the variation in the data. The resulting theory describes a

shared process among a group of individuals who share common circumstances (Hutchinson, 1986).

The collection and analysis of data proceeds until the categories become saturated (Chenitz & Swanson, 1986). Saturation occurs when the analysis of additional data reveals no new categories, properties or relationships. Rennie et al. (1988) suggest the saturation can occur after the analysis of 5 to 10 protocols. Once saturation occurs, the theory is written up. This process is facilitated using memos.

Memoing. Doing a grounded theory study entails the documentation of memos. Memos are the written records of the analytical process which the analyst maintains throughout a study (Corbin, 1986). Rennie et al. (1988) note that memos "raise the conceptual level of the research by encouraging the analyst to think beyond single incidents to themes and patterns in the data. Empirical events are elevated from a descriptive level to a theoretical level (Hutchinson, 1986).

Memos contain ideas and hypotheses about the codes, properties of categories, relationships among categories and the emerging theory. Speculations pertaining to how the emerging theory is similar to established theories or concepts can also be documented in the memos (Rennie et al., 1988). The analyst compares, verifies, modifies and/or eliminates hypotheses as new data are assessed. Eventually, these memos can be sorted and integrated to form the resulting theory.

Bracketing. "The grounded theory approach explicitly acknowledges the interaction between the researcher and the subject under study" (Quartaro, 1986, p. 16). As a result of the researcher's position and

the use of himself or herself as the research instrument, the researcher needs to become aware of the influence of any personal biases, assumptions, values, beliefs and experiences on the research process. Objectively examining or "bracketing" these personal preconceptions makes it less likely that the researcher's perceptions of the data and emerging theory will be distorted. The researcher is more able to approach the data with an open mind. Thus, it is necessary that a researcher bracket his or her preconceptions in relation to the research topic.

There are a number of ways in which bracketing can be done: (a) biases, assumptions and hypotheses can be documented at the onset of the research (Quartaro, 1986), (b) a daily journal of thoughts and feelings can be maintained throughout the study (Hutchinson, 1986), and memos can be examined for clues to biases (Rennie et al., 1988).

Generating a Theory. The application of the constant comparative method of analysis, memoing and bracketing proceeds until the categories become saturated (Chenitz & Swanson, 1986). According to Glaser and Strauss (1967), "saturation means that no additional data are being found" (p. 61). When the same instances of data are seen over and over again, a researcher is confident that saturation has occurred. Furthermore, the saturation of a theory occurs when a researcher looks to different groups "in order to maximize the varieties of data bearing on a category, and thereby develops as many diverse properties of the category as possible" (Glasser & Strauss, 1967, p. 62).

Thus, a saturated theory is one in which the categories are well integrated and dense.

Once saturation occurs, the theory is written up and presented. This process is facilitated using the memos, the data and relevant literature.

Strauss and Corbin (1990) note that if the grounded theory is well-constructed, it will meet four central criteria: fit, understanding, generality, and control (p. 23). The theory is faithful to the reality of the area (fit); it is comprehensive, makes sense, and is relevant to both the participants and to those who practice in the area (understanding); it is applicable to a variety of contexts related to the phenomena (generality); and the conditions to which the theory applies are clear (control).

Procedures

In this section the goal is to describe the procedures which were followed in this research project. The procedures include a description of the participants, data collection, data storage and retrieval and data analysis.

Participants.

The primary participants in this study were first year doctoral students in counselling psychology at the University of Alberta. These participants were enrolled in an eight month doctoral level counselling practicum course. Students in this course were involved in two practicum placements: one at a clinic in the Faculty of Education at the University of Alberta, and the other at a field site within the Edmonton-area community. Students in this course were assigned to a supervisor for weekly supervision and were involved in the

supervision of Master's level students in counselling psychology.

As an additional requirement of the practicum course, these students submitted bi-monthly critical incidents. These critical incidents were submitted to and read by the teaching assistant assigned to the practicum course. At the completion of the course, students were approached, either in person or by telephone, about the possibility of releasing their critical incidents for use in a study on counsellor development. Those students who gave the researcher permission to access their critical incidents were required to sign a consent form releasing these to the researcher (see Appendix A). In describing the study, students were given the opportunity to ask questions and it was made clear that a student's course evaluation would not be influenced by his/her refusal to participate in the study.

In total, seven out of the eight students enrolled in the class consented to participate in the study. As the eighth person had documented only half of the required critical incidents, she/he was not approached about participating in the study. The researcher was interested in only including those participants who documented critical incidents throughout the entire eight month period. The final sample consisted of 3 male and 4 female participants. In terms of their background, the participants varied in age, professional and academic background, marital/family demographics, and practicum placements.

Sources of Data

The primary data sources were critical incidents obtained from the participants, the researcher's memos and the professional literature.

Critical Incidents.

While enrolled in the counselling practicum course, participants were asked to document any experiences which they felt were significant to their development as counsellors. These experiences, otherwise known as critical incidents, followed a modification of the critical incident technique as outlined by Flanagan (1954) and Woolsey (1986).

The critical incident technique was initially developed and refined by Flanagan (1954). The technique consists of "a set of procedures for collecting direct observations of human behaviour in such a way as to facilitate their potential usefulness in solving practical problems and developing broad psychological principles" (p. 327). In using it as a job analysis technique, Flanagan was able to break down a job into its component parts and assess the effectiveness of each part.

More recently, critical incidents have been used in counselling. Specifically, Cormier (1988), Skovholt and McCarthy (1988) and others (Ellis, 1991a; Heppner & Roehlke, 1984; Rabinowitz et al., 1986) have used critical incidents in an attempt to better understand an individual's professional development.

Skovholt and McCarthy (1988) define critical incidents as any "events which stand out as significant markers in an individual's professional development" (p. 69). According to Cormier (1988), critical incidents,

also known as developmental turning points, have the capacity to influence an individual's present behaviour in addition to his/her future destiny (p. 131). If a person is to develop, exposure to such events is essential.

Whether these events are fortuitous or planned, Cormier (1988) notes that they "offer opportunities and challenges that, if met, can lead to discomfort but also to renewed energy and growth; if rejected and avoided, they can lead to pain, deterioration and stagnation" (p. 131).

Critical incidents can occur at any time, and include not only positive occurrences, but also interferences, stresses and losses (Skovholt & McCarthy, 1988). Furthermore, individuals do not necessarily experience the same critical incidents. These incidents are not experienced at the same time, in the same order, and nor do individuals attach similar meanings to these events (Danish & D'Augelli, 1983). Thus, what is defined as being important to one person is seen as unimportant by another.

Memos.

Memos were documented by the researcher throughout the study. The memos consisted of any impressions, hypotheses or questions that the researcher may have had about the phenomenon. It included any ideas about the possible relationships between the emerging categories. Connections between the emerging theory, established theories and professional literature were also noted in the memos.

Professional Literature.

The literature on counsellor development and supervision were used as data sources in the primary and secondary literature reviews. The primary literature review was done to give the study background information and to provide some rationale for doing the study. Following the completion of the data analysis, a second literature review was done so that the findings of the resultant theory could be presented and compared to other research.

Data Collection

At the beginning of the academic year, participants enrolled in the counselling practicum course were given a form for documenting critical incidents. They were given the definition of critical incidents as described by Skovholt and McCarthy (1988). That is, critical incidents are defined as any events which the trainee feels are significant in their professional development as therapists. Trainees were also told that the setting of the critical incidents did not have to be limited to the counselling and supervision contexts. The only requirement was that the critical incident had some impact upon their professional development. In documenting a critical incident, a participant was required to describe the following information: date of the critical incident; setting of the experience (e.g., in a counselling session, in a supervision session), individuals present, behaviour and/or conversation preceding the critical incident, the critical incident, and how the critical incident influenced his/her development as a counsellor. The critical incident format is presented in Appendix B. In addition to this

form, participants were also given a list of submission dates. At the completion of the practicum course, each participant submitted a minimum of 12 critical incidents.

Data Storage and Retrieval

The participants' written/typed critical incidents were transcribed onto a Macintosh Classic II computer using the Microsoft Word, Version 5.0 word processing program. The computer disks, printouts of the transcribed critical incidents and participants' original critical incidents were stored in a secured cabinet. At the completion of the research project (after the Ph.D. oral defense) these data were destroyed.

Data Analysis and Interpretation

The data consisted of the participants' typed or written critical incidents and memos. To prepare for the analysis, the critical incidents were typed into a format with extra wide right hand margins to allow for the coding and analysis to be documented. The re-typed critical incidents were checked to ensure that they were re-typed accurately.

In approaching the data, the first level of coding, open coding, was used initially. Strauss and Corbin (1990) refer to open coding as "the process of breaking down, examining, comparing, conceptualizing, and categorizing the data" (p. 61). The critical incidents were coded on a sentence-by-sentence basis and sentences which were seen as having meaning were paraphrased and assigned a code. The code attached to each meaning unit was a descriptive label, often using the language of the participants themselves. To ensure maximum theoretical

coverage, each meaning unit was given as many codes as possible. To keep track of a meaning unit, each participant's set of meaning units was color coded and numerically coded to reflect the critical incident number and origin of the meaning unit within the critical incident.

Level two coding, termed axial coding by Strauss and Corbin (1990), was then applied to the data. While the purpose of open coding was to fracture the data into a number of coded incidents and identify some initial categories, the purpose of axial coding was to unite the data and make connections between the codes.

To do the axial coding, a cut and paste method was used to organize the data. The coded meaning units were cut from the color coded transcripts. Meaning units were clustered with other material according to its particular open code. In turn, those collections of open codes with similar meanings were grouped into a more encompassing category, creating an axial code. These were then placed into an envelope and labeled with its axial code. Because a color coding system of the meaning units was used, it was easy to assess how many different participants contributed to the development of that category. If a category was overly contributed to by one participant, attempts were made to collapse it with another axial code. Throughout this data analysis process, questioning and the constant comparative method of exploring similarities and differences between meaning units and categories were used.

The third level of coding, selective coding, was used. Strauss and Corbin (1990) described it as the "process of selecting the core category, systematically

relating it to other categories, validating those relationships, and filling in categories that need refinement and development" (p. 116). Axial codes were ultimately grouped together to form higher conceptual categories. For example, in this study, the smaller categories of dissonance, inadequacy, anxiety, anger, and awe were put together to form the theme 'Experiencing Internal Chaos".

It was during this stage of the analysis that the temporal relationships between the categories were noted. Although Strauss and Corbin (1990) recommend that the core category, or basis psychosocial process, be identified, one was not extracted from the data. Rather, a model composed of three major phases or themes emerged whereby participants were found to: 1. Experience Internal Chaos; 2. Respond to the Chaos; and, 3. Find Order in the Chaos.

Memos, the second form of data, were also used. The memos contained all hypotheses and ideas. The memos also helped to document insights about the emerging categories and how they were connected to each other. Ultimately, these memos were used during the coding process, formulation of the model, and contributed to the write up of the final report.

Trustworthiness

In all research, whether quantitative or qualitative, one must demonstrate that it is rigorous or trustworthy. That is, when a researcher has demonstrated that his/her study is trustworthy, he/she has taken measures throughout the study to ensure that the results are credible and believable.

Quantitative and qualitative research has different approaches and terminology to discuss trustworthiness. In quantitative research, trustworthiness and rigor are linked with the concepts of reliability and validity. In qualitative research, Lincoln and Guba (1985) noted that rigor or 'trustworthiness' is established when a researcher is able to persuade others that "the findings of an inquiry are worth paying attention to, worth taking account of" (p. 290). Thus, individuals who critically examine a research study have confidence in the value of the study's findings.

In the literature on trustworthiness, there are a number of theoretical perspectives which address the application of these issues in qualitative research. First, Guba (1981) suggested that trustworthiness can be ensured through addressing the concepts of credibility (truth value), dependability (consistency), transferability (fittingness), and confirmability (neutrality). These concepts were meant to be a translation of the quantitative terms of internal validity, external validity, reliability, and objectivity.

Credibility (truth value) addresses the issue of whether or not a theory is valid. That is, it ensures whether a theory is a truthful depiction of the experiences as given by the participants.

A researcher who is concerned with dependability (consistency) asks him or herself whether or not the findings of an inquiry would be consistent if the research were replicated with the same (or similar) subjects in the same (or similar) context (Guba, 1981, p. 80). Thus, through the use of clear and detailed

descriptions of the context, the participants and procedures, the dependability of the study is enhanced. It should be noted that if a second researcher followed the study's path, a similar, but not exact replication is possible if similar data and methods are utilized.

In qualitative research, assessment of transferability (fittingness) looks at how well a study's findings generalize to different populations and contexts. In qualitative research, transferability is present if an individual who is similar to the participants reads the findings of the study, is able to identify with the outcomes, and perhaps able to apply the results to their own experiences.

Finally, with respect to confirmability (neutrality), Guba (1981) stated that it tries to answer the question, "how can one establish the degree to which the finding of an inquiry are a functions solely of the subjects (respondents) and conditions of the inquiry and not of the biases, motivations, interests, perspectives, and so on of the inquirer?" (p. 80). To gain confirmability or objectivity of the data, a researcher outlines his/her biases and previous involvement with the phenomena. Explicitly stating one's suppositions helps to limit the impact of the biases on the findings.

A second theoretical, and more recent conceptualization of trustworthiness, comes from Patton (1990). He noted that the trustworthiness and rigor of a qualitative study depends upon three elements: (a) the rigorous techniques and methods directed towards improving the quality of data collection and analysis; (b) the credibility of the researcher; and, (c) the researcher's appreciation of naturalistic inquiry,

qualitative methods, inductive analysis, and holistic thinking (Patton, 1990, p. 461). Furthermore, Patton noted that three main questions can be answered in determining whether or not a qualitative study trustworthy: (1) What techniques and methods were used to ensure the integrity, validity, and accuracy of the findings?; (2) What does the researcher bring to the study in terms of qualifications, experience, and perspective?; and, (3) What paradigm orientation and assumptions undergird the study? (p. 461).

In the following section, the specific strategies used to ensure the trustworthiness and rigor of the study are discussed.

1. An audit trail was kept throughout the research project. It was developed by keeping a running account of the process of analysis, hypotheses, impressions, difficulties encountered, and the conceptualization of categories and how they were connected. Included in the audit trail were memos pertaining to articles read, and any discussions with trainees and/or supervisors. This audit trail was used to help the researcher write up the final research paper.

2. The use of peer debriefing was helpful in maintaining the credibility of the researcher. Throughout the investigation process the researcher had an opportunity to meet with a fellow doctoral student who was also engaged in qualitative research. These sessions were used to discuss, challenge and clarify such issues as, the qualitative research process, my biases, and the emerging findings. At times data protocols were exchanged and coded. Discrepancies in the coding were discussed. This was helpful in

reviewing the researcher's coding procedure for consistency and accuracy.

3. Credibility of the researcher was also maintained through the process of bracketing presuppositions. This was done so as to limit the impact of the researcher's biases on the data analysis and interpretations. As Denzin (1989, cited in Patton, 1990) noted, "unless these meanings and values are clarified, their effects on subsequent interpretations remain clouded and often misunderstood" (p. 478).

In doing this research I have attempted to outline some of my presuppositions. Many of them arise out of the fact that my training background is in the area of clinical and counselling psychology. I am both a student and practicing counsellor. My previous experiences led me to have the following presuppositions related to the study.

(a) I expect that development is not a linear process. I believe that the findings may suggest that counsellor development is a recursive process.

(b) From my own experiences, I expect that a student counsellor's development will entail an integration of theory, skills and self-awareness. When I first began in the counselling field, I was much more interested in grasping the knowledge and concrete skills. For me, focusing upon the theory and skill acquisition was much less threatening than focusing upon my internal dynamics and how my values, biases, past life experiences, and emotions influenced the therapeutic process. I expect that moving from a content level (theory, skills) to a process level (contribution of self) is a shift that developing counsellors will make.

(c) I expect that doctoral students will report much self-doubt and dissonance in making the shift from theory to practice to increasing self-awareness.

During my first practicum placement at McKellar General Hospital in Thunder Bay, I remember feeling anxiety and fear, much of it related to the fact that I did not have a pool of therapeutic skills or experiences from which to draw upon during my counselling sessions. I describe what I experienced during those first four months as the "Impostor's Syndrome". I felt as if I was deceiving my clients, for I truly lacked many of the skills, knowledge and confidence which they believed I possessed. Clearly, I was a greenhorn in the profession. Once it was established that I was familiar with the theories and had some skills, I felt comfortable. It was at that point that I noticed supervisors and professors beginning to encourage more self-reflection. Although I was interested in engaging in this process, I also reacted with anxiety to this request.

One particularly insightful experience occurred in a family therapy course in which I was enrolled. I was required to do a genogram and explore inter-generation patterns. In analyzing the familial patterns, I came to many significant insights which related to my own functioning. It was a significant experience because it opened up opportunities for changing the ways in which I managed my life and my manner of relating to others. This exercise, which initially seemed so simple, resulted in some new self-discoveries. Currently, I am at the point where I may continue to feel some anxiety,

but I am more prepared and willing to engage in self-reflection.

(d) I expect that as students are more able to shift from content to process, that they are also more willing and able to develop a counselling style that fits with their personality. Again there is a decreasing reliance on factors external to themselves (e.g., theories, skills, supervisors' recommendations) and an increasing reliance on self.

(e) Finally, I expect that as students gain experience with different clients, settings, theories, and supervisors, they will feel more competent and can more easily identify themselves as counsellor.

4. Triangulation, defined as the process "whereby a variety of data sources, different investigators, different perspectives (theories) and different methods are pitted against one another in order to cross-check data and interpretations" was used (Guba, 1981, p. 85). Use of triangulation helped to enhance the quality of the data analysis.

Specifically, analyst and theoretical triangulation methods were used in this study. Analyst triangulation was achieved by having the research supervisor review some of the coding done by the investigator. Theoretical triangulation was done by integrating the literature and various theoretical perspectives with the resultant findings.

5. Trustworthiness of the research was also achieved through the comprehensiveness of the final research report. It included a description and explanation of the research question, the context in which it occurred,

the participants, and the collection and analysis of the data.

6. To ensure that the research findings were credible, member checks were used. As Patton (1990) noted,

> evaluators can learn a great deal about the accuracy, fairness, and validity of their data analysis by having the people described in that data analysis react to what is described. To the extent that participants in the study are unable to relate to the description and analysis in a qualitative evaluation report, it is appropriate to question the credibility of the report. (p. 469)

Thus in light of this statement, the coded protocols and the theory were presented to some of the initial members to ensure that the emerging and final results were accurate with their experiences.

7. In qualitative research, transferability can be given if an individual who is similar to the participants reads the findings of the study and is able to identify with the outcomes. This is referred to as empathic commonality.

To determine if empathic commonality study existed in the study, the findings were presented to doctoral-level trainees who were not participants in the study and to psychologists who work as supervisors with trainees. This was done to determine whether or not their experiences, either as trainees or as supervisors of trainees resonated with the findings of the present study. Upon the creation of the model described in this study, the investigator met with these individuals to dialogue about the model, portions with which they agreed or disagreed. Invariably, there was a large amount of agreement with the findings and the

presentation generated much discussion and identification.

Considerations of the Study

There are several issues to consider in evaluating this study. First, all participants originated from the University of Alberta doctoral program in counselling psychology. As all individuals were selected from one training program, it is possible that the critical incidents and results obtained may reflect the structure of the doctoral program which is unique to the University of Alberta. The results may be only representative of counselling students at the University of Alberta.

Second, participants were only required to document critical incidents over an 8-month period. In the field of development, this was a relatively short time period.

Third, the documenting of the critical incidents was part of the course requirement. Students may have been influenced by this and, as a result, may have been reluctant to report the full details of a critical incident.

Fourth, critical incidents were self-selected. Once a critical incident was selected, a participant was able to determine the length and depth of them.

Fifth, another consideration relates to the impact of hindsight reflection on the critical incidents. It is possible that using hindsight reflection, a participant may view the incident quite differently. A participant may see the incident as having less of an impact or may even select very different incidents as important to his/her development.

Ethical Considerations

Efforts were made to ensure that this study was conducted in an ethical manner. The primary ethical considerations in this study were informed consent, voluntary participation and confidentiality. A proposal outlining these ethical considerations and an informed consent form were submitted to and approved by the Research and Ethics Committee of the Department of Educational Psychology at the University of Alberta.

All participants were informed about the study. They were given a description and rationale of the study and were assured that no risks would be incurred by participating in the study. They were told that information described in the critical incidents might be published, but that efforts would be made to remove identifying information. Participants were also told that their participation was voluntary and they were free to withdraw from the study at any time without penalty. A signed letter of consent (See Appendix A) was obtained from each participant verifying that the above information was discussed and clarified when necessary.

Confidentiality and anonymity were maintained throughout the study. Pseudonyms and code numbers, known only to the researcher, were used. Pseudonyms were chosen by the researcher to reflect the gender of the participant. The participants were assured that their identities, along with the identities of any colleagues and/or clients mentioned in the critical incidents would be protected. Information which would identify these individuals was omitted from the final report. Transcripts of the critical incidents were kept

in a secure place and destroyed at the completion of the research.

CHAPTER FOUR

Results

A total of 84 critical incidents were documented by the 7 participants. Five of the participants (Noreen, Gregg, Warren, Carla and Francine) documented 12 separate incidents, while Stan and Helen recorded 11 and 13 incidents, respectively. The settings of the critical incidents were classified according to the following categories: incidents in the classroom, incidents in supervision (e.g., one-on-one, small group, or live supervision), incidents with clients (e.g., individual, marital/family, group), and finally incidents within one's personal life (e.g., during a personal reflection, journalling, interaction with friends and/or family). A breakdown of the critical incidents in relation to each trainee and each context in which they occurred can be found in Table 1.

As can be seen in Table 1, 38 out of 84 possible critical incidents occurred predominantly during a trainee's involvement with his/her clients. The second largest number of incidents (22) took place within the context of supervision. Critical incidents within a trainee's personal life (13 incidents) and the classroom (11 incidents) were the least reported events.

Table 1

Number of Critical Incidents in Relation to the Context and Trainee

Trainee	Context of Critical Incident			
	Classroom	Supervision	Clients	Personal Life
Noreen	1	7	4	-
Gregg	2	2	7	1
Stan	1	3	5	2
Warren	2	4	5	1
Carla	-	2	5	5
Helen	2	3	7	1
Francine	3	1	5	3
Total	11	22	38	13

Following the application of a qualitative methodology, the analysis revealed a recursive model of development that can be applied to first year doctoral students. It is circular as opposed to sequential in the sense that counselling trainees cycle and recycle through the stages of the model. The model describes a pattern of behaving in response to those events identified by counselling students as having an impact on their professional development and is an open as opposed to a closed process in the sense that no true ending of counsellor development was discovered in the data.

The model occurs within a context. In this case, the identified context was a first-year doctoral course which took place over an 8-month period.

The process of counsellor development as it occurs in response to critical incidents can be divided into three major themes through which counsellor trainees cycle and recycle. The following major themes were identified: I. Experiencing Internal Chaos; II. Responding to the Chaos; and, III. Finding Order within the Chaos. Within each of these three main themes, there are more specific categories which help to fully describe each of the major themes. This section will provide a clear description of each theme as experienced by the trainees. Figures one, two, and three outline the three major themes through which counsellor trainees move. These figures are presented on the following pages.

Figure 1

Theme 1 of the Counsellor Development Process

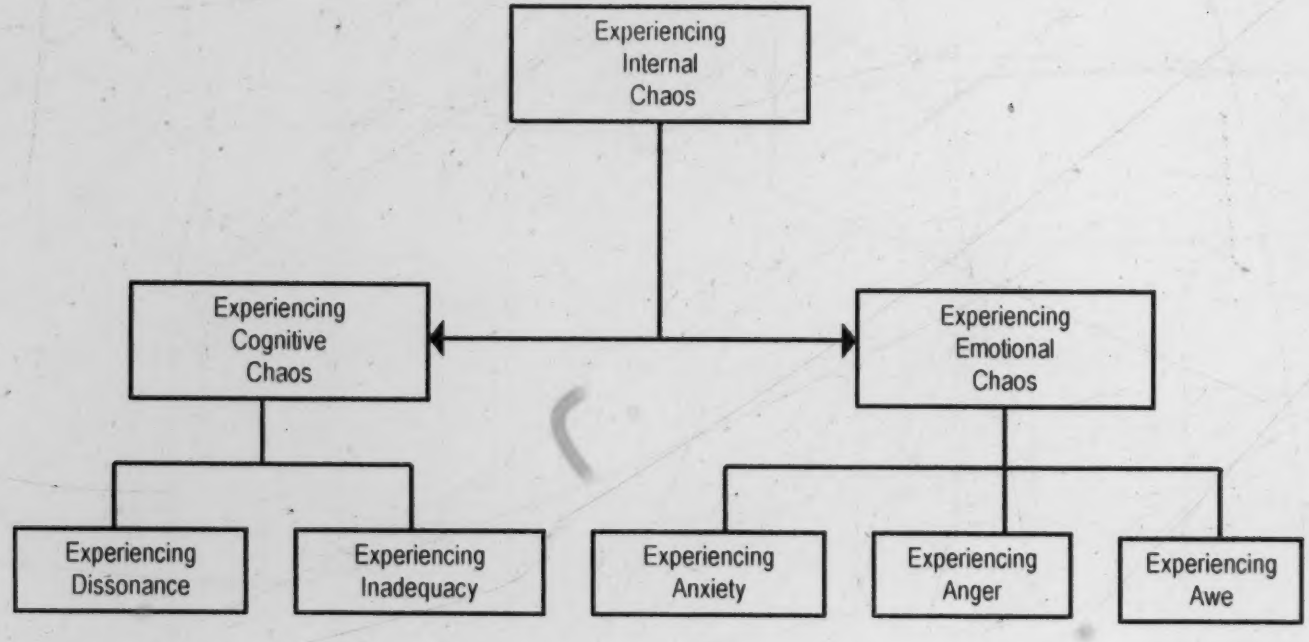


Figure 2

Theme 2 of the Counsellor Development Process

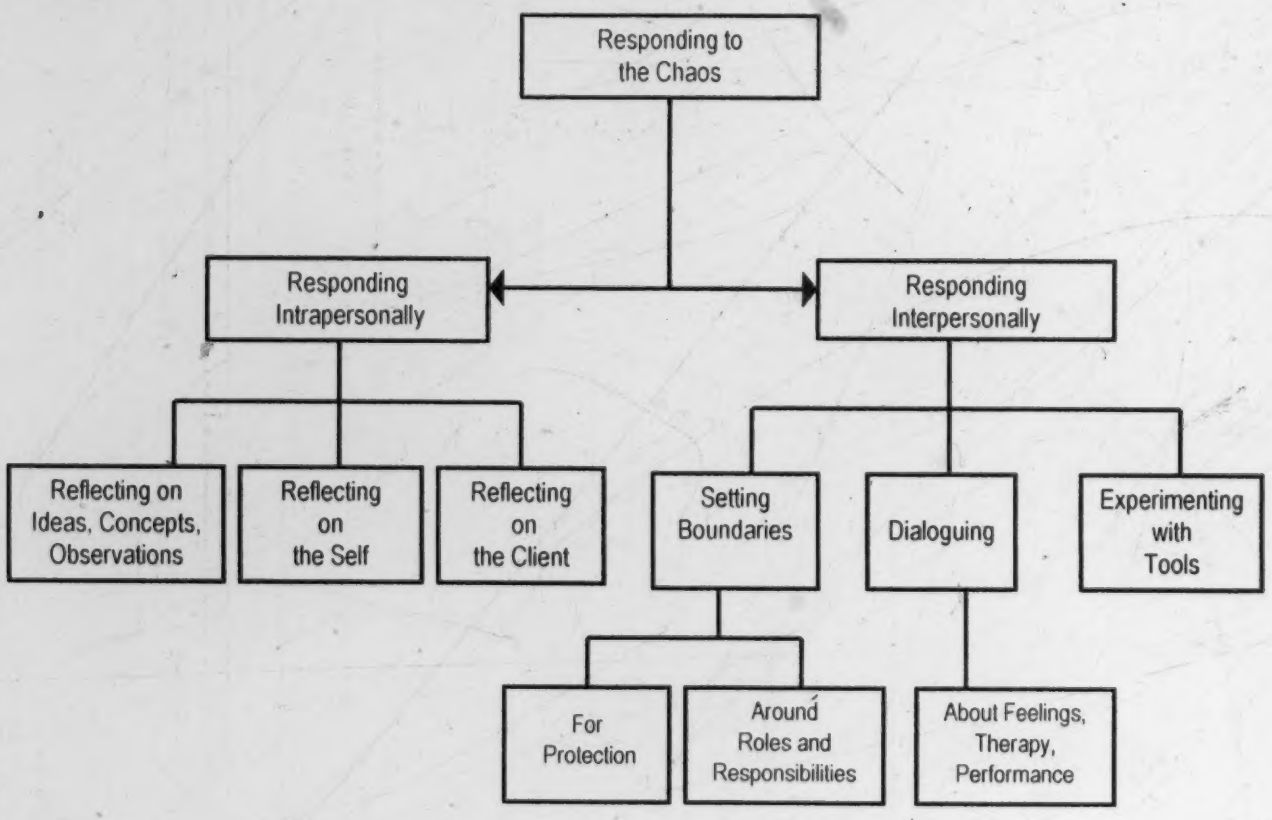
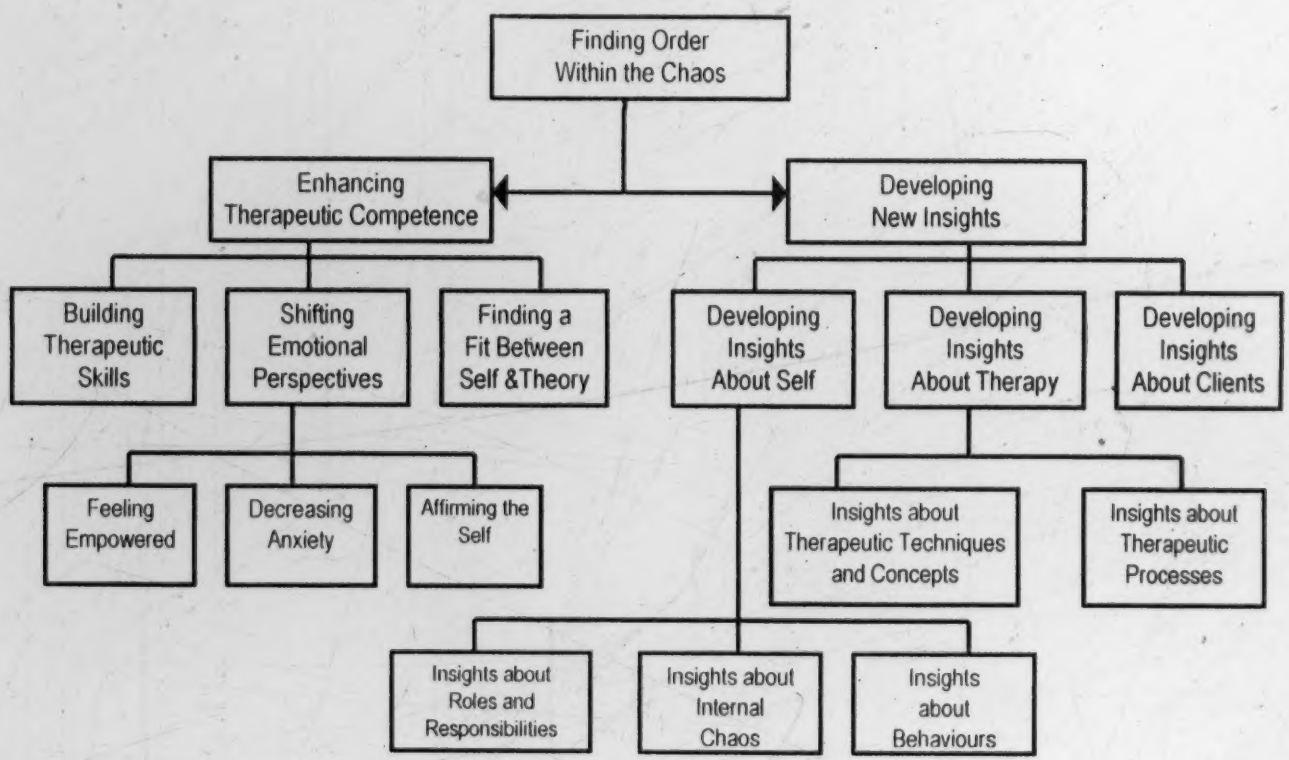


Figure 3

Theme 3 of the Counsellor Development Process



I. EXPERIENCING INTERNAL CHAOS

When trainees encounter events identified as critical to or having a significant impact upon their development as counsellors, they experienced a reaction which can be identified as internal chaos. "Experiencing Internal Chaos", was labelled as the first major theme of counsellor trainee development. Figure one depicts this first major theme along with the categories and subcategories. The internal chaos can be broken down into two categories. Trainees appeared to experience cognitive chaos and/or emotional chaos. The former will be described in the following section.

A. Experiencing Cognitive Chaos

The cognitive chaos experienced by trainees can be further broken down into two subcategories: dissonance, and inadequacy.

1. Experiencing Dissonance

In this section, trainees' experiences with dissonance will be discussed. Dissonance, as defined by Webster, refers to an inconsistency or conflict between words and actions, or words and beliefs, or between beliefs. In the data, a number of forms of dissonance were experienced by the participants. The following forms of dissonance will be addressed: dissonance arising from having to make a choice between different and/or conflicting therapy options; dissonance arising from having to follow either one's gut instincts or intellect about a therapeutic option; and, dissonance arising as a result of differences between trainees' and supervisors'/clients' expectations. Evidence of one's encounter with dissonance was noted when trainees

described struggling with their situation, discomfort and/or confusion.

The dissonance for trainees occurred when having to make a choice about what to do in therapy. It occurred when trainees were faced with conflicting therapeutic options. For example, Noreen described struggling with a sense of uncertainty and frustration as she worked with a client in live-supervision. She noted:

> Prior to bringing my client in for live supervision, I shared with the team members my frustrations in working with this client, particularly my uncertainty regarding which direction to take. This client was feeling desperate and powerless within her situation, and was wanting me to provide her with the answers to her questions. During the session, I continued to struggle with which approach to take. (Noreen, incident 10, unit 1)

In another incident, Noreen was working with a family in conflict. In this situation, she described experiencing dissonance about dealing with the family conflict being played out before her in the session. Noreen stated:

> I had a counselling session with three family members. The tone of this session was argumentative in nature, in that two of the members used the session to deal with an unresolved conflict. During the session I felt uncomfortable and had a need to intervene or settle the issue, yet chose not to. In sorting out how to handle the situation, I was experiencing dissonance. (Incident 3, unit 2)

Helen was faced with a similar dilemma of what to do with a client. In her incident, a client had used the call display on her telephone to return a call made by Helen earlier. In response to this situation, Helen stated:

> As a general rule I do not give out my home number to clients. The office number is provided, and I get back to clients. The office usually takes messages but calls if something is more immediate. Communication through the office eliminates "just to chat" calls and allows for the handling of emergency situations or follow-up from home during hours I am not at the office. What do I do now? (Helen, incident 1, unit 3)

In another situation, Helen's dissonance occurred while using a visualization technique with a client. Her dissonance was about her uncomfortable feelings towards using visualization versus other more desireable methods. She wrote:

> In live supervision, I worked with a client doing a visualization and creating a trance experience. Planning to do this and doing it put me in touch with my lack of comfort in working in this way. Part of the lack of comfort is skill level and experience. I feel devious and dishonest working in this way. I have a personal injunction or expectation that is getting in the way. That injunction is that I should be direct, straightforward and up-front. (Helen, incident 4, unit 3)

For Francine, dissonance about what to do therapeutically was expressed when she stated, "I didn't know what to do except to encourage a full expression of these emotions and listen. As I anticipated a future session with this client, I wasn't sure which direction to go" (Francine, incident 5, unit 2).

Trainees also experienced dissonance about whether they should follow their gut feelings or their intellect in making decisions about what to do with clients. Experiences of dissonance arose because trainees were faced with having to choose an intervention that was based upon what they had been taught previously as

opposed to choosing an intervention that deviated from previous teaching. The fact that trainees recognized that they had intuitive feelings about various approaches gave rise to their dissonance. This was experienced by Carla, Stan, Warren and Francine.

Carla noted having difficulty working with a four year old client whom she described as "extremely withdrawn". In previous sessions, she described having made many unsuccessful attempts to connect with the child. In the incident, Carla had an appointment scheduled with the child client and her mother, and was faced with the option of whether or not she should see the child as planned. For Carla, the dissonance of the situation was noted in the following quote: "It had been a gut instinct to say I wasn't seeing her this time. I had decided this week not to see her at all. It went against everything I had been taught" (Incident 3, unit 3).

As Stan worked with an international student, he was faced with having to choose between therapeutic options. He had the choice of selecting either a cognitive approach versus using a metaphor to facilitate the client's decision about whether or not she should return to her country. Intellectually, Stan felt he should use a cognitive approach, but his intuition suggested the latter approach. He wrote about what his intuition indicated to him:

> My intuition led me to tell her a story about farm life. I shared a story about an Asian farmer who sowed his seeds in the spring season, faithfully watering and fertilizing the crops in the summer months, braving the wind and rain storms. I ended the story by saying that the farmer never looked back after he sowed his seeds but turned his eyes

> upon the upcoming harvest. I told her that when she bought her plane ticket to Canada she had already sowed her own seeds and all she needed to do was to nurture the crop, brave the storms, and turn her eyes upon the harvest. (Incident 4, units 3,4)

Warren's dissonance between prior teachings and his intuition came during his very first family therapy session. There was some contemplation as to how he should handle this session, but in the end Warren noted that "I had decided that I would function based on my instincts, rather than strictly by my notions of what was expected in family therapy" (Incident 7, unit 3).

Francine also experienced dissonance between choosing whether to listen to her intellect or feelings. She wrote about dealing with a client who was resistant to pursuing therapy. As the client had expressed some suicidal ideation in the past, Francine indicated that she was struggling with whether or not she should be directive and take responsibility for her client as opposed to fighting to hang on to her client. Of her dissonance between her head and her heart, she noted:

> I found myself pulled in two directions. . .On one hand, I didn't want to be directive and take responsibility for him. On the other hand, I had a gut feeling that I needed to fight to hang onto this guy. I had a sense that no one had ever fought to hold onto him before and that it was important for him to experience this. (Francine, incident 4, unit 5)

Furthermore, she stated, "my intuition about what to do went against my intellect and training that the client must take responsibility and want to be in the session" (Francine, incident 4, unit 11).

Another form of dissonance seemed to arise when the trainees were faced with a conflict between themselves

and others. Noreen experienced an example of this type of situation. For Noreen, the dissonance was about differences with a supervisor over how to define her role as a co-supervisor/supervisor-in-training. The differences came about in an incident in which the primary supervisor requested her feedback regarding her perception of her supervisory role. Noreen noted:

> When I entered the group, I had my own personal perceptions of my role. I saw myself in a two-pronged learning position, one which would be directed towards learning more about supervision, while the second would be focused on gaining more knowledge. I did not see myself in a leadership position, nor did I believe that it was my role to assume that position within the group. Throughout the term, I continued to struggle with whether or not it was my role to address some of these issues which related to supervisory style. (Incident 11, unit 6)

In a later incident, Noreen continued to struggle with anxiety and dissonance. The dissonance was due to a conflict between she and her supervisor's approach to supervision. Her approach was more structured and theoretical versus that of the primary supervisor who's style was to be more nondirective. Of her participation in the group as a supervisor-in-training, Noreen wrote, "my anxiety related to my own dissonance about the group experience. Throughout the term, I struggled with trying to meet some of my own personal needs for structure and theoretical discussions within a supervisory style which was very nondirective and process-oriented" (Incident 12, unit 6).

In an incident described by Helen, a student colleague was working with a couple in live supervision and Helen was invited into the session to provide

additional support. Helen described experiencing a sense of confusion as she participated in this co-therapy session. There was a conflict between Helen's expectation of herself as co-therapist and what transpired in the session with her colleague. Her expectation that she and her co-therapist would share co-therapy duties was unmet. She described her reaction of confusion to the events in the following quotation:

> In previous sessions and small groups working with a partner, we have both been active during the session. In this session my partner didn't jump in. I attempted to invite him in to balance the session. He didn't join in. I felt awkward about my position and had a sense that I had taken over his session. . . .I was wanting to balance the therapist seesaw with my partner and together, work the seesaw with the clients. This began to feel confusing. (Helen, incident 6a, unit 3)

Stan's experience of dissonance occurred in an incident involving a client who reacted in anger to his cancellation of an appointment. For Stan, the dissonance was a result of being "caught off guard" by what he perceived as a "reasonable rescheduling of appointments". Stan described the situation and his reaction as follows:

> My client interrupted the conversation and said she wanted to clarify something with me. She said she was very angry with me. I asked her what the reason was behind her anger and she said I did not consider her case a top priority. She recalled that I had attempted to cancel appointments with her twice. I explained that I wanted to cancel one previous appointment because I was ill, and the other situation was that the appointment date was on the Thanksgiving holiday. My client said she interpreted these rearrangements as if I was reluctant to work with her. She said she was angry with me and wanted to see me every week. I said I appreciated her openness and proceeded with the

> rest of the session. I was totally caught off guard by my clients' remarks. I felt her anger toward me was rather out of place. (Stan, incident 3, unit 2)

2. Experiencing Inadequacy

In addition to experiencing dissonance, trainees also reported a sense of inadequacy and/or lack of confidence in themselves as therapists. While dissonance was about a trainee facing some form of conflict , "Experiencing Inadequacy" was about the trainees' belief that they somehow lack therapeutic finesse and their identification of areas in which they perceive their skills as inadequate. In looking at the experience of inadequacy, evidence of its' presence was detected when trainees wrote about a lack of confidence, a lack of security in themselves and/or their therapeutic skills, and a perception of themselves as ineffective, unproductive and powerless as therapists. It was experienced in a number of contexts: within live supervision sessions, with clients, within an academic setting, and within the trainee's personal life.

An example which showed how trainees experience a lack of self-confidence occurred as Stan was preparing to do a live supervision session with peers observing him from behind the one-way mirror. He described his experience as follows:

> I lost confidence when I entered the counselling room knowing that there were people watching my performance behind the mirror. I wondered what my fellow students would say if I blew a line in my conversation with my client. Put in a nutshell, I felt insecure in live supervision. Maybe I did not want people to see my weaknesses, and to witness me making making mistakes during the counselling session. (Stan, incident 8, unit 3)

Gregg also had a similar experience while preparing to work before a group of peers. In this incident, Gregg was to have live supervision with a family who failed to attend the session. Gregg noted that he was asked by his supervisor to come up with some suggestions on how to make use of his supervision time. In response to the supervisor's suggestion, Gregg wrote:

> We were sitting in the observation room discussing the family and the instructor asked me what I wanted to do. My choices included doing a role play, going home, talking about the family, or anything else I came up with. I wanted to do the role play, but I lacked confidence. (Incident 8, unit 2)

The lack of confidence also occurred while working with clients. Noreen experienced a lack of self-confidence and thoughts of personal inadequacies in a number of incidents. For example, in one incident, she described working with a female client with whom she was having difficulty moving into what she described as 'deeper issues'. In regards to her difficulty and the source of it, Noreen stated, "The answer lied in my lack of confidence in choosing a specific therapy direction" (Incident 4, unit 5). She also spoke about testing out personal beliefs and opinions with others "before I express them freely, rather than trusting myself. This decreased trust results in my 'holding back' within counselling sessions" (Incident 2, unit 5).

In another incident, Noreen described working with a family with whom she was attempting to facilitate a conflict resolution. As the session with the family ended, she stated,

> The conflict was not completely resolved and I felt I had little to offer the family for an

> intervention. My initial impression of the session was that I had held back, not intervening soon enough, and that I had not been very helpful. (Noreen, incident 3, unit 3)

Carla provided an example of how events transpiring in one's personal life can impact the trainee's perception of him/herself as a counsellor. Carla described her experience as follows:

> I found myself so tired and feeling pressured that I had a hard time concentrating on anything about myself and my development in any way. The past two weeks had been so hectic with last minute details with school work, sick kids, trying to manage home, work, school and children and keep them all running smoothly that I felt like my mind had stopped functioning. . . .the more tired and frustrated I became, the less effective and adequate I felt as a counsellor. (Carla, incident 6, unit 2)

Finally, events which occurred in an academic context contributed to the discovery of a trainee's lack of certain skills and/or adequacies. This was noted by Gregg in response to viewing a video of Carl Whitaker doing therapy. He wrote that "in watching the video of Carl Whitaker, I noticed a trust in both himself and the client, and an openness that I have felt lacking in my own work" (Gregg, incident 12, unit 4).

In summary, in the face of critical incidents, trainees reported experiencing internal chaos. One aspect of trainees' internal chaos entailed a cognitive reaction to the critical incident. That is, trainees reported a sense of dissonance and/or inadequacy. "Experiencing Emotional Chaos", the second aspect of "Experiencing Internal Chaos" will be discussed in the following section.

B. Experiencing Emotional Chaos

In addition to experiencing cognitive chaos, the data also revealed the category of emotional chaos in response to events they identified as critical. In the data, three subcategories of emotional reactions occurred: anxiety, anger and awe.

1. Experiencing Anxiety

Trainees who experienced anxiety used the following descriptors to document their experience: alarm, anxiety, concern, fear, nervousness, panic, stress and a sense of uneasiness. Anxiety was broken down into two types. The first type of anxiety experienced was about the performance process. Typically, this type of anxiety was about performing before peers, supervisors, and/or clients in the learning (e.g., classroom, supervision) and/or counselling contexts.

When called upon to present some aspect of themselves (e.g., an opinion, counselling skills), trainees experienced anxiety. Warren experienced performance anxiety when he was required to talk about his professional development to his peers and instructors during a classroom exercise. As this incident was documented at the beginning of the counselling course it is possible that he did not know his fellow peers well, and subsequently, being called upon to self-disclose created a sense of anxiety. Warren wrote:

> Upon realizing that it was my turn to be the subject of the interview and to tell my "story", I realized that I had never really stated my goals or tried to give any cohesive description of what my "theory" of counselling was and how it had developed. The experience was pretty anxiety-producing. (Warren, incident 2, unit 2)

The supervision setting was another context in which performance anxiety was reported. Stan documented an incident in which he was preparing to counsel a client before his supervisor and peers who sat behind the one-way mirror. In addition to experiencing a lack of confidence and security about his skills, Stan also felt fear about the upcoming experience. He noted: "It was my turn for live supervision. I felt uneasy. Deep down I knew my uneasiness was due to my own fear that my counselling career might be at stake in live supervision" (Stan, incident 8, unit 2).

In preparing to do a role play with peers in his supervision group, Gregg, like Stan, also experienced a lack of confidence and performance anxiety. He described his experience of anxiety by stating: "I was afraid of doing poorly, and I also wanted to go home" (Incident 8, unit 2). "I was, for some reason, very nervous about this experiment" (Gregg, incident 8, unit 6).

Similarly, Noreen also wrote of a supervision event which resulted in feeling anxious. The incident involved getting together with the supervision group members to do an evaluation of their practicum. Noreen noted:

> We were meeting for a final group evaluation of the _____ practicum. Each member was asked to give feedback to the members in the group regarding the group experience. . . .I was very aware of my discomfort and anxiety relating to this type of group process experience. (Incident 12, unit 2)

Francine documented an incident in which she was taping a session of her work with a client which was to be presented at an upcoming supervision session. The

following quotation from this incident demonstrates that although Francine was not performing in front of the one-way mirror, her awareness that she would be presenting the tape to peers and/or a supervisor resulted in an experience of anxiety which ultimately impacted the therapy:

> I taped a session with one of my clients at the clinic. It wasn't the worst interview I've ever had, but it wasn't the best either. It wasn't the client's fault either. She was quite willing to disclose and shared some deeply painful feelings and events in her life. . . .I allowed myself to be distracted by the fact that I was taping the session and would probably show it to my colleagues instead of focusing on my client and her pain. My questions and comments were too wordy and not well thought out because I wasn't relaxed and focused. I did not like the effect of my anxiety on my behaviour. (Incident 7, unit 1)

Finally, Helen documented an incident in which she was asked to act as a co-therapist in a live supervision session. Being asked to participate in such a role created some feelings of anxiety. Helen noted, "I was asked to join a colleague as a co-therapist, to provide some support for the female spouse. I did this and in the debriefing and reflection after, realized that I was experiencing anxiety" (Incident 6a, unit 5).

A number of trainees wrote about their performance anxiety experiences with clients. Noreen demonstrated this sense of anxiety by writing about her "concern regarding hurting the client if I were to choose inappropriately" (Noreen, incident 4, unit 6). Warren's response of performance anxiety with clients occurred as he faced a first-time experience. In this incident, he was preparing to do his first session of family therapy. Of this experience he wrote: "I had contacted the

mother in this family for their, and my, first family therapy session. I had been very anxious, never having conducted a formal family therapy session before this time" (Warren, incident 7, unit 2).

The second type of anxiety occurred as trainees worked directly with clients and became exposed to certain information or events. This type of anxiety arose when trainees unexpectedly became privy to a client's emotions and/or behavioural reactions. A sense of concern, anxiety, panic and/or nervousness was described by the trainees.

Clients who disclosed suicidal intent, either their own or someone else's to the trainee resulted in anxiety. This was an experience documented by Stan, Helen and Francine. Stan wrote about a client's wife who contacted him at home and told him of her husband's suicide attempt. For Stan, this was his first experience with a client who had made a suicide attempt. Rather than writing directly about his anxiety, he wrote about how the incident disrupted his concentration, which is often seen as a symptom of anxiety. Stan wrote: "Every practicing psychologist usually has at least one client attempting suicide. It happened to me last Saturday and it was my first suicide case. I was writing a research paper on that weekend and I just could not concentrate" (Stan, incident 11, unit 3).

Similarly, Helen had an experience in which a client unexpectedly self-disclosed at the end of their session that her husband was suicidal. Of this experience, Helen documented:

> The time was up, the class supervision was over, we had ended and booked another appointment, the

> client had another engagement, and someone else wanted the room. Then she reported that her husband had threatened suicide. Initially, I felt scattered and unfinished with the disclosure and how I handled it. This was explored briefly, and the client left. The anxiety of the moment was timing. (Helen, incident 8, unit 3)

Finally, Francine also had a potentially suicidal client about whom she was concerned. When the client began to express some suicidal ideation, Francine understandably became alarmed. She noted:

> The last time I had seen Bob was three weeks ago. He was presently out of work and prior to our last meeting, had stopped coming in to see me. He said that he wanted to continue therapy but didn't have the money because he was out of work. At the time, I was concerned that the added stress of unemployment would deepen his depression and felt that he needed support during this time. I became alarmed during one call when he expressed great despair and talked about feeling like "jumping off a bridge". (Francine, incident 4, unit 2)

In addition to reacting with anxiety to clients' suicide disclosures, trainees reacted in this fashion to other events. Gregg wrote about working with an angry client and his reaction of nervousness when he attempted to allow the client to work out his frustrations:

> This client had opened up and talked about his past for two sessions. Last session, he came in appearing somewhat hesitant and quiet. He had jumped back into his "I don't know" mode. When asked how it was for him to talk about the issues he had talked about over those sessions, he said it was painful and difficult. He proceeded to become steadily more closed in and became very angry. He began accusing me of being like all of the rest of "them" and that I did not like him and did not want him to come back. He was very defensive and angry. He left in silence. The next session he appeared determined not to talk. I gave him the space and

> did not intrude. I was nervous inside though. (Gregg, incident 6, unit 4)

In a later incident with the same client, Gregg again experienced anxiety. As he discussed the client's therapy progress. Gregg noted that when he attempted to discuss the client's past experiences, the client "stopped and said very plainly that he did not want to look at the past because it is painful and not helpful. I panicked internally." (Gregg, incident 7, unit 2).

Noreen reacted with concern while dealing with a client whom she felt was in denial of her mother's terminal illness. It is a demonstration of how a client's emotions and/or behaviours can create anxiety for the trainee. Noreen documented:

> We were discussing the client's impressions of coping with her mom's wedding, as well as her ability to deal with school. The client's primary method for dealing with her mom's illness is through denial or procrastination. As the client was discussing her plans for the next month which focused primarily on school, I felt myself becoming concerned, as well as impatient. (Incident 6, unit 2)

2. Experiencing Anger

Anger was another emotional subcategory found within the data. Trainees who experienced anger used the following descriptors to document this emotional experience: anger, frustration, irritation and agitation. For those trainees who experienced anger, they noted that it occurred within the therapy and/or supervision contexts.

The first group of incidents involved anger which occurred within the therapy context. In some incidents, the trainee's anger occurred as a result of the client's conduct while in other cases it arose in response to the

client's disclosure of information. Noreen discussed being involved in a counselling session with a client who was seeking help with anticipatory grief. In the session, the client disclosed that she was having financial difficulties and was unable to approach her parents for help. In response to this client's disclosure, Noreen noted, "I initially felt helpless and then angry towards the clients' parents for not being supportive" (Incident 5, unit 2). The theme of anger was noted again by Noreen as she described working with the same client in a later critical incident. In addition to feeling concern and some anxiety over the client's denial of her mother's illness, Noreen noted "that if the client continues to put off dealing with some of the issues relating to her mom's illness, then she may 'run out of time'. I was disturbed by my feelings of impatience and irritation towards the client" (Incident 6, unit 4).

Carla documented an incident in which a client's conduct resulted in Carla's reaction of anger. In the situation, a client had been abusive towards his wife. Of this incident and Carla's reaction, she wrote:

> The wife revealed several incidents where the client beat her severely. The client agreed that this had happened, but that he always had a reason, and that was not the problem: lack of communication was the problem. I felt angry at my client. (Incident 10, unit 2)

A client's disclosure that she was continuing to self-mutilate despite having previously established a no-harm contract resulted in Francine's reaction of anger. She documented:

> The client had called me on the Saturday before our next session and told me that she had self-mutilated (cut her hand and arm with a razor blade) the preceding Tuesday. She assured me that she was "OK" now. I had been working with her for almost 5 1/2 months and she was still struggling with depression and anxiety. She claimed that she "just wanted to feel better", but never followed through on any of the intervention strategies we had worked out together. We had made a contract that she would contact someone before ever hurting herself, which she had just broken. After I finished talking with her, I felt frustrated and angry. (Francine, incident 8, unit 1)

The next set of incidents involved the experience of anger as it occurred within a supervision context. Often this anger was directed towards supervisors and one's peers. For Noreen, frustration arose as a result of experiencing confusion and dissonance about her role as a supervisor-in-training. As a supervisor-in-training, Noreen perceived her purpose within a group of Masters' students as learning more about supervision. This was in contrast to the expectations of the junior students and supervisor who saw the purpose of her role as providing group leadership. The differing views of her role not only created dissonance, but Noreen also stated that she "was frustrated" with the differing perceptions of her supervisory role (Noreen, incident 11, unit 8).

Helen provided two examples of anger directed towards supervisors and peers. In the first example, she wrote about acting as a supervisor-in-training with a group of Master's level students. One student was presenting a case of an abused client and was soliciting feedback from the supervision group on how to handle the issue of abuse. It was the supervisor's feedback to the

student that resulted in Helen's anger. She described the incident in the following quotation:

> The client had openly revealed a number of issues in her life and the feelings attached to them. She had been sexually, emotionally, and physically abused in her childhood, had been in a marriage for 16 years where she felt unheard and put down, and was struggling to get her life in order vocationally, economically, and emotionally. I believe that much of the supervision session was helpful, providing feedback and suggestions to the student in response to his questions of how to approach various things. A question came up about how to handle the issue of sexual abuse. It was in this part of offering suggestions that my anger was stirred. One of the suggestions was that the way to deal with issues of sexual abuse was to use thought stopping or a behavioural-extinction technique to have the client not talk about this. This made me angry. (Helen, incident 6b, unit 2)

The second example provided by Helen occurred in response to working with a peer in a couples therapy session. Helen described experiencing anxiety upon entering the situation; confusion about her peer's role, and finally agitation and irritation at her peer's lack of response to taking on a co-therapist role. She stated:

> I was wanting to balance the therapist seesaw with my partner and together, work the seesaw with the clients. This began to feel confusing and agitating. I felt like an usurper. This aspect, along with the already existing anxiety, stimulated irritation at being in this situation. My partner was probably wondering what was going on and what to do himself! And all of this was quite aside from the client issues, and at the same time a parody of the client issues! (Helen, incident 6a, units 3,4)

3. Experiencing Awe

This last subcategory, "Experiencing Awe" was different from the emotional reactions of anxiety and anger. It was different in the sense that this reaction was more positive. The critical incidents solicited a reaction in which trainees gave a response of absolute respect, were impressed and were awed. Trainees experienced this type of reaction through discussions with peers and supervisors; through their readings and observations, through their experimentation with therapeutic techniques; and through their experiences with clients.

A number of trainees documented incidents in which awe occurred during discussions with peers and supervisors. Gregg reported a situation in which a peer was presenting a video tape of her clinical work in supervision. The peer had requested that the feedback be oriented towards her therapeutic style. According to Gregg, this peer wanted to work on her skills of working with clients at an affective as opposed to a cognitive level. The following quotation demonstrates the interaction that transpired between Gregg and his peer, and Gregg's reaction of what appears to be awe:

> I gave her some feedback, I cannot even remember what I said, and she turned to me and replied, "Yeah, and that's how I always work, so why don't I go and play in the sand with the client instead?" WOW [italics added]. This sent me for a loop and a half. It just hit me between the eyes. Why not go and play with the client in the sand? The letting go that was implied in that statement was overwhelming. I am having difficulty stating exactly my reaction. Her statement. . .shook the very core of my being. (Incident 3, unit 3)

Warren, in an incident during a class discussion on therapy, described his feeling of how remarkable therapeutic change is. He stated:

> A discussion was taking place regarding the therapeutic process and therapeutic change. How remarkable it is that any therapeutic change comes about when the client is seen for one hour out of the one hundred and sixty eight hours in each week. It seems incredible that counselling or therapy can make a difference in clients' lives, especially when they are in environments which maintain their maladaptive ways of behaving, thinking, and/or feeling. (Warren, incident 1, unit 2)

Francine described several incidents in which a class discussion resulted in her feeling impressed with the ideas presented by others. In the first incident, a supervisor was presenting her philosophy of counselling and how she responds to a client's feelings of guilt. According to Francine, the supervisor spoke about the feelings of guilt felt by a client who has an illness and their perception that they have done something to deserve it. Francine noted:

> Rather that trying to convince clients that this is irrational, Dr. _____ said that she explores other possible meanings for their illness, such as, it is a test of some sort. She spoke of one client who said that she believed that if she hadn't got cancer, someone whom she loved would have got it. So she was bearing it so that they wouldn't have to. I was impressed with the effectiveness of this approach. (Francine, incident 5, unit 3)

In the second incident, Francine was participating in a discussion with a peer about how to effectively work within a group therapy context. Of this experience, Francine documented:

> _____ happened to mention that she uses an imagery technique to protect herself when a group member

> becomes angry. She said that she imagines herself covered by a giant Plexiglas bubble and that nothing can hurt her. It is glass so that she can be present to the client, but it protects her so that she is not hurt by the client's anger. She finds this method quite effective. I was impressed by this technique. (Francine, incident 12, unit 1)

Several trainees wrote about how they were positively impacted through their readings and observations. Gregg described an incident in which he was reading an article by Carl Whitaker and was impressed with his sense of freedom and personal trust. In addition to being impressed by Whitaker, Gregg also responded to a video of Milton Erikson. He noted: "I had also watched a video of Milton Erikson demonstrating an induction with a volunteer. The conviction that this therapist had in what he was doing struck me very strongly" (Incident 12, unit 2).

Similarly, both Helen and Francine wrote about reading specific books that resulted in positive reactions. For Helen, it was finding a "wonderful book" by Edward Teyber, which looks at the interpersonal process in psychotherapy (Incident 10, unit 2), while for Francine, her reading of Carl Rogers' works resulted in her being "impressed with the way in which he talks about the empowerment of the client" (Incident 3, unit 2). Finally, for Francine, watching an interview by Barbara Frum was an influential experience which resulted in a feeling of awe. In the following quotation, she documented her experience:

> I saw Barbara Frum being interviewed on TV. She was sharing some of the secrets of her success interviewing people. One of the things she said that struck me was she learned to be very clear in her questioning, use as few words as possible, and

> verbally "get out of the way" of the person she is interviewing as quickly as possible. She tries to make her questions as clear and as sharp as possible and has been very successful because of her ability to question people well. This idea impressed me. (Francine, incident 7, unit 3)

With respect to personal experimentation with therapeutic techniques, a number of trainees described this sense of amazement. For example, Warren was receiving training in hypnosis, and a part of his training involved being the recipient of hypnosis on occasion. He described receiving hypnosis to help alleviate a headache. Of his experience and his awe response, Warren wrote:

> The trance ended with my not having been able to change the feeling in my head. During the trance, _____ had made the suggestion, using my image of being in a canoe on a lake, that I could put my hand in the water so as to feel the coldness of the water and the numbness in my hand. After coming out of trance and reporting that my headache was still there, _____ suggested that I try to re-experience the sensation of numbness in my hand and when I had, to lift my hand to the part of my forehead where I felt the pain and touch that point. I did so and, miraculously, the pain disappeared. The fact that the suggestion of numbness, and spreading of the numbness, temporarily alleviated the pain in my forehead, was amazing. (Warren, incident 9, unit 2)

For Helen, a critical incident which resulted in being positively impacted occurred as she was doing a class exercise. The exercise involved accessing unconscious messages and insights from one's dreams. While doing the exercise, Helen described her experience as being "very powerful" (Helen, incident 5, unit 2).

Finally, Francine provided a good example of how therapeutic work with clients can result in feeling

awestruck. In the incident, Francine had been dealing with a person whom she felt was suicidal. Understandably, she described feeling anxious about this and had set up a suicide prevention contract with the client. It was during the follow-up session with the client that Francine experienced her sense of awe. She described the situation as follows:

> I was not even sure if _____ would really keep the appointment. If he did come, I was not sure that he would be ready to work. Fortunately, my doubts were unfounded. _____ was there early, and it was the best session we had ever had. He worked very hard to express his deep despair over not finding work and then spoke of his depression concerning his failure in past relationships. I sat in amazement as _____ continued to reveal some of his deepest thoughts and feelings. I was so awed. (Francine, incident 4, unit 7)

To this point, trainees' reactions to critical incidents have been discussed. It has been demonstrated that trainees react cognitively and emotionally to critical incidents. Reactions of dissonance, inadequacy, anxiety, anger and a positive feeling of awe have been described. In the face of such internal chaos, it was found that trainees engaged in a number of coping strategies. These strategies will be discussed under the auspice of the next section, "Responding to the Chaos".

II. RESPONDING TO THE CHAOS

The analysis revealed a second major theme which was labeled "Responding to the Chaos". Trainees revealed that when they experienced a critical incident to which they reacted cognitively and/or emotionally (the internal chaos), they responded with their chaos intrapersonally and/or interpersonally. Responding

intrapersonally involved the trainee accessing mechanisms within themselves as opposed to accessing interpersonal coping mechanisms which typically involved others. The employment of some form of response mechanisms implies that the trainees were attempting to adapt to the situation. The first section will outline how trainees responded intrapersonally when faced with a critical incident and any subsequent emotions.

A. Responding Intrapersonally

The main focus of the category of 'Responding Intrapersonally' seems to be about the process of reflection. When faced with a critical incident, it was found that trainees used a variety of strategies which could be classified as reflecting-type activities. In analyzing the data, the following verbs were used by trainees to indicate that they engaged in some form of internal reflection: questioning, assessing, wondering, thinking, observing, and exploring. Trainees were found to use these strategies to reflect upon ideas, concepts and/or observations, themselves, and clients. Reflection was only one of a number of response strategies used by trainees. It should be noted that reflection did not necessarily follow the occurrence of a critical incident and reaction of internal chaos in every instance.

1. Reflecting on Ideas, Concepts and/or Observations.

Trainees were found to reflect upon ideas and/or concepts to which they were exposed or observations which they made. Gregg described being impressed while reading some writings by Carl Whitaker and watching a video by Milton Erickson. In response to his feeling impressed with what he observed, he noted that he was

left "thinking of both the article and the Erickson video quite a lot" (Gregg, incident 12, unit 3).

In a supervision session with a Master's level student, Helen described how she reacted with anger to a suggestion given by her professor on how to deal with a client who had been abused in childhood. It was the professor's suggestion of using thought stopping or a behavioural-extinction technique to have the client not talk about the abuse which resulted in Helen's angry feelings. One of the ways in which Helen responded to her anger was to think about the meaning of this supervisor's suggestion. Helen noted that she chose the critical incident to reflect upon and articulate her thoughts and feelings (Incident 6b, unit 4). In this critical incident she reflected:

> I thought that the idea of using these techniques in this way was inappropriate. I agreed that some clients do go on and on about their sexual abuse, but that another way may be to help them find a way to let go. For me, my thought was that using thought stopping or extinction, in this situation, was equivalent to not hearing the client. It stimulates a protective denial, not for the client but for the therapist who refuses to hear or accept the horror and impact that abuse can create in the ongoing life of a client. (Helen, incident 6b, unit 3)

Francine also used reflecting to react to a particular critical incident in which a peer was sharing the ideas presented in a book which she had recently read. She noted:

> One of the class members had brought in a chapter from the book Interpersonal process in psychotherapy. The chapter dealt with a counsellor's response to client emotions. The class member was excited about the book and said

> that it was very informative about the process that occurs between client and therapist. Upon reflection, I responded by saying, "you mean it tells you about the kinds of things nobody ever tells you before you start counselling, but need to know". She laughed and said heartily, "yes". (Francine, incident 9, unit 2)

2. Reflecting on Self.

There was other evidence that trainees often reflect upon themselves. Specifically, in the face of a critical incident, trainees were found to reflect upon their therapeutic roles; abilities and behaviours with clients; emotions; and training experiences.

Noreen provided an example in which she questioned her therapeutic roles. For Noreen, this questioning occurred within the context of a support group in which she was involved as a co-facilitator. In the incident, the support group was planning an activity, and during the group discussion Noreen had stated that she was going to be arriving late. Her statement went unacknowledged and the group members continued to plan the activity. Noreen noted her emotional reaction to the group's response and at that point she "questioned what my role was within the support group" (Noreen, incident 9, unit 3).

Evidence of trainees questioning their therapeutic abilities and behaviours came from a number of incidents. The questioning and reflecting were about whether or not a trainee perceived him/herself as having behaved in a therapeutically appropriate manner. Gregg experienced two such situations. In the first incident, Gregg found himself in a therapy situation in which his client became defensive and angry with him. In response to the client's defensiveness and anger, Gregg made a

decision to give the client more space, and described feeling nervous about this intervention decision. In response to his decision, Gregg wrote that he "questioned myself as to whether I was handling the situation well or not, and what could I do better" (Incident 6, unit 5). In Gregg's second situation, the incident involved making a decision not to contact a client who had missed a session. Gregg described feeling guilty about his decision and reflected upon his behaviour by wondering "if I was even acting in an ethical manner" (Gregg, incident 4, unit 4).

For Carla, reflection on herself and her abilities occurred when a client came for the initial counselling session. As the client disclosed that none of her previous counselling experiences were helpful, Carla began wondering "what I could possibly do or say that would be any different than all the others she had seen" (Incident 4, unit 2).

In several incidents involving suicidal clients, the trainees' attempts to deal with this situation were followed by self-reflection upon their actions. For example, Stan wrote about an incident in which a client's wife contacted Stan at home to tell him about her husband's suicide attempt. The end result of this situation was that the client was admitted to the hospital by his psychiatrist for group therapy and individual counselling. Of this situation, Stan wrote:

> I kept reflecting back to find out what else I could have done to prevent the suicide attempt from happening. I went back to my case notes and checked whether I had mishandled the case. I wondered how I would feel if my client did successfully end his life. (Incident 11, unit 4)

Helen also had a number of self-reflecting questions in a situation involving a client's suicidal spouse. A number of questions pertaining to the prevention of suicide were raised by her to ponder. One of her questions about this situation was: "if he were to kill himself, what else should/could I have done?" (Incident 8, unit 4).

Emotional and cognitive reactions were other aspects of the self upon which trainees reflected. At times, trainees appeared not to understand why they felt or thought a certain way, or they had a sense that their emotional reaction was connected to an underlying personal issue. Specifically, reflection was seen to be used in response to reactions of anxiety and dissonance.

Helen and Noreen were two trainees who used reflection to respond to anxiety. In one incident, Noreen had been in a counselling session and was experiencing concern, impatience and irritation towards her client's means of coping with anticipatory grief. Reflecting upon her emotional reaction in the counselling session, Noreen wrote, "I was unsure where this was coming from, that is, whether it related to some personal issues regarding my own counsellor development, or whether it was a genuine concern regarding the client's potential time restrictions" (Noreen, incident 6, unit 5). In another incident, it was Noreen's feelings of anxiety and discomfort during an evaluation session that resulted in personal reflection. She stated, "as I reflected on this experience, I tried to understand where my anxiety was coming from. I wondered whether part of my anxiety related to my own discomfort in giving individual

feedback within a group setting" (Noreen, incident 12, unit 5)

For Helen, her experience of anxiety during a session in which she was doing co-therapy with a peer prompted her to question the underlying reasons for her feelings. She engaged in the following questioning:

> What was this anxiety about? Several things came up: (1) To be called on to do this on the spot was okay and expected. A little anxiety? Yes. (2) When I feel anxious I tend to talk too much. I did, and it increased my anxiety. (3) This fueled the sense of unknown about working with someone with whom I hadn't worked before. (Helen, incident 6a, unit 7)

Examples of reflecting upon dissonance were noted by Stan, Francine, Noreen and Helen. When a client became angry at Stan for rescheduling an appointment, Stan felt dissonance. His perception of how his client should have reacted to this request and how he actually reacted were very different and did not appear logical. In response to his dissonance about his client's anger, Stan noted, "I questioned why she was angry with something I saw was a reasonable rescheduling of appointment dates. I even began to question whether I had done something wrong in the therapist-client relationship" (Incident 3, unit 3). Furthermore, of Stan's dissonance about the client's unexplained anger, Stan noted that he:

> wanted to find out the real reasons behind the anger. I began to suspect the possibility of an abandonment issue on my client's part behind this incident. I had a feeling that my client was unconsciously transferring to me her fear and anger toward abandonment when I discussed rescheduling of appointments with her, and unconsciously she

> probably felt that I was "abandoning" her. (Incident 3, unit 4)

While reading some of Carl Rogers' writings, Francine described feeling both impressed with his ideas and also dissonance, as her agreement with Rogers' ideas was not consistent with her therapeutic behaviours. Of this experience Francine wrote:

> I had been thinking about Rogers' theory and how much I was impressed with his ideas concerning the attitude that a counsellor must have towards a client. . . .I began to reflect on why it is that at times I am not acting or behaving in such a manner that is consistent with those things that I know to be true. (Incident 3, unit 7)

For Noreen, personal relection was used to clarify her dissonance about her choice of therapy direction. (Noreen, incident 10, unit 4). Helen, who also noted feeling confused, agitated and irritated in a session, reflected upon her emotional experience by stating, "at first I thought I was reacting to this man and the 'poor me' position. However, when I examined my memory banks, I realized how many clients with whom I don't feel any agitation" (Helen, incident 6a, unit 8)

Helen provided a good example of self-reflection which occurs when one is asked to engage in a particular training exercise. The incident occurred during a class exercise in which each trainee was to speak about him/herself. In writing about the incident, Helen did not mention any particular emotional reaction to the incident, but one has a sense that her questioning was in response to her mixed feelings about the underlying motive of the exercise. Of her experience Helen noted:

> Less emphasis was given to goals than to previous learnings and experiences. Some questions

> stimulated expansion, and some seemed to shut down the exploration, particularly as more personal experiences were revealed in comparison to educational experiences. Upon reflection, I started to question the goal of the exercise. Was it simply to introduce ourselves and get to know each other, sharing our previous practicum and university experiences, to practice a form of questioning, to formulate goals, or was this our first session of group therapy? (Incident 2, unit 2)

A few trainees reflected upon their emotional reactions to events in their personal lives. Gregg described feeling guilt and pain in regards to some of his family of origin experiences, particularly, his relationship with a sibling. As he thought about these issues and his feelings, his initial reaction was to repress them. He noted that he had thought about "the ramifications of such repression" (Gregg, incident 1, unit 2) and used the critical incident to reflect upon and confront his pain (Incident 1, unit 3) Similarly, Stan wrote about his feeling of depression and perceived loss of control in response to some significant events in his personal life. The following quotation demonstrates Stan's contemplation about his life circumstances:

> I was thinking why does the good Lord let all these bad things happen to good people like me and my family? What are the lessons He wants us to learn through these trials? At the same time I was thinking what good would it do for me if I continued to lie in bed. Would it help me to feel better and would it help me to solve the situation? (Incident 2, unit 2)

3. Reflecting on Clients.

In addition to reflecting upon themselves, trainees also reflected upon clients. Specifically, they

reflected upon the underlying reasons for why a client may have felt or behaved in a particular fashion.

For Carla, the death of a relative resulted in a grief reaction. Of her grief, she noted: "I was reflecting on the death of a much loved aunt and the effect this would have and was having on myself (Incident 8, unit 2)". In experiencing her grief, Carla also asked the following question, "what made me or some of my clients have the strength or courage to go on, while others gave up, or became stuck in their grief?" (Carla, incident 8, unit 3).

In a later incident, it was clear that Carla continued to reflect upon the death of her relative. The incident involved contemplating her grief and whether or not her journey through her own grief was evident to her client. The following quotation demonstrates the incident and the questions Carla asked of herself in regards to this issue: "I could see in the drawings not only the journey of the client, but my journey as I worked with her. Was she aware of this? Was my journey that apparent to the client? Or was it something she felt I was doing with her?" (Incident 11, unit 3)

It was also found that trainees reflected upon the reasons underlying behaviour differences between sessions and between clients. To demonstrate, Francine had a client who, for many sessions, struggled with expressing his emotions. Following a session in which this client was suicidal, he returned and spent the session disclosing his despair and important family of origin information which may have contributed to his feelings. It was this difference between sessions and

the possible explanations for the differences upon which Francine reflected (Incident 4, unit 10).

Francine not only reflected upon behavioural differences within a client, but also between clients. She described working with two different clients, one of whom was very cognitive and disconnected from his feelings, the other client being emotional and able to disclose her affect. In working with these two individuals, Francine looked at her interactions with these clients and reflected upon what accounted for the individual client differences. Her reflection involved trying "to put my finger on the differences" (Francine, incident 6, unit 2).

B. Responding Interpersonally

In addition to using their intrapersonal response mechanisms when faced with the chaos of critical incidents, trainees also coped through accessing interpersonal resources. While accessing intrapersonal resources appeared to involve only the trainees themselves, accessing interpersonal resources appeared to involve other individuals such as clients, colleagues, and supervisors. In analyzing the category of "Responding Interpersonally", three subcategories emerged: setting boundaries, dialoguing with others, and experimenting with therapeutic skills. Each of these subcategories will be described in the following sections.

1. Setting Boundaries

When faced with emotional and/or cognitive chaos, some trainees chose to respond by establishing boundaries. In looking at the data, trainees used the following descriptors to indicate that they were

establishing boundaries: confronting, telling, intervening, contracting, insisting, and giving responsibilities. Boundary setting was described as mostly occurring with clients and were created for the following purposes: (a) for the protection of the client and counsellor; (b) for the purpose of defining the therapist's and client's responsibilities.

a. Setting Boundaries for Protection.

There were incidents (e.g., situations of abuse and suicide) involving ethical and legal concerns which required the trainee to set up firmer boundaries with clients. In these contexts, the establishment of boundaries was done so as to protect a client from potential harm and was a trainee's means of responding to their internal chaos. In these incidents one had a sense that the establishment of boundaries was particularly important because of what was at stake for the both the client and therapist.

Warren encountered a situation involving the sexual abuse of a minor in a family with whom he was working. He reported feeling anxiety at having to broach the topic with the family. Warren's interpersonal means of responding this situation required him to establish a boundary by informing the family of his legal and ethical duty to report the abuse to the appropriate authorities. He described his experience of informing the family:

> The session progressed, the sexual abuse subject was re-broached after a lead-in aimed at positively affirming the tremendous changes which had occurred in the family up until that point. Both the mother and daughter did not want to talk about it, claiming that they had already discussed it with each other. At that point I told them what the law

> was in regards to reporting the sexual abuse of a minor. (Warren, incident 12, unit 3)

A second ethical issue involved the establishment of boundaries with suicidal clients. As with Warren's experience, boundary setting under this circumstance was done in order to ethically and legally protect the client. Stan described being awakened one early morning with a phone call from a client's spouse. She had reported to Stan that her husband (Stan's client) had attempted to kill himself with carbon monoxide poisoning. In Stan's critical incident, he wrote about his means of responding to the suicide attempt. He noted:

> I told her to call the police so that someone could take him to the hospital. Later in the morning I called the client's wife back and she told me that her husband had gone to work. Her brother-in-law came over to take her husband out of the car and called 911. The husband insisted that he wanted to go to work and the brother-in-law went with him. The husband called me that night and said that he was OK. I contracted with him to make a commitment not to hurt himself until the next appointment with me and he said that he would try. (Stan, incident 11, unit 2)

Francine also had a potentially suicidal client with whom she was dealing. This client had not yet made any suicide attempts, but had experienced suicidal ideation in the past. Francine was concerned about her client's ideation, and like Stan, took precautionary measures to protect the client. She stated:

> He was not actively suicidal but had thoughts of harming himself during previous periods of stress (e.g., after the break-up of a romantic relationship). The best I could do was to contract with him that he would contact me every few weeks to keep me informed as to how he was doing and

> anytime that he might feel like hurting himself. He committed himself to this arrangement, and I received several phone calls in the next few weeks. (Incident 4, unit 1)

In both of these situations, the purpose of establishing a no-suicide contract was to keep the client safe. It was also found that under conditions where the client was at risk, boundaries were also set up to protect the therapist. Helen, in response to a anxiety-provoking situation, used physical distance as a means of looking after herself. In her situation, a client had disclosed that her husband was suicidal. In response to this disclosure, Helen experienced anxiety and responded to it by noting, "the anxiety of the moment was timing. When a bomb is dropped on me, I need a little distance from the fallout to see where I am going" (Incident 8, unit 6). She goes on to say that with the physical distance, she was able to reflect more clearly upon the meaning of the event.

In addition to legal and ethical situations requiring protection, there were other situations in which clients behaved in ways that were invasive to the trainee. Such situations also required actions by the trainee to solidify therapeutic boundaries so as to protect themselves.

Helen was one trainee who experienced a situation in which a client had invaded her personal privacy. A client had contacted Helen at her home as opposed to her office. There was a sense that Helen reacted with dissonance to this invasion of privacy and she documented her response to this situation:

> My telephone rang. I answered it. It was the client calling me. She had reached the phone as it

> stopped ringing. The "call display" displayed my number, so she called back. This was a signal and the beginning of what this event meant for security, privacy and convenience (Incident 1, unit 2). . . .Exploration of this issue with the telephone company revealed that "call display" is integrated within the system and operates automatically with the appropriate telephone. Deactivation of this service requires the caller to contact the operator and request number-blocking assistance. I wished to maintain control around clients' access to my number and address. (Incident 1, unit 4)

The actions taken by Helen to explore how to restrict clients' access to her home phone number appeared to be a means of establishing firmer boundaries between herself and her clients. It was a means of protecting her privacy and security.

Francine also provided an example of taking actions to limit a client's access to herself beyond the counselling realm. Her situation was a bit different in that it appeared that Francine had voluntarily given a client her home phone number. The difficulties developed when the client began to make frequent phone calls to Francine's home. This behaviour was invasive, stressful and required Francine to take measures to limit the client's access to her home. She noted:

> I had difficulty in the past with _____ phoning me at home. She had periodically been suicidal and self-mutilated during the 5 1/2 months I had been working with her. She began to phone 2 and 3 times a week whenever she was depressed or anxious. Her behaviour became quite manipulative. I confronted her about the necessity of working in the session and not over the phone. The calls stopped. (Francine, incident 11, unit 2)

In addition to using confrontation to establish a boundary with a client, Francine wrote of the stress of

this situation and her decision not to allow this case to affect her beyond their sessions. The decision not to take the client's case home with her could be seen as a setting up a mental boundary between she and her client so as to avoid stress. She wrote:

> I decided that I would not let myself think about it until the day before the next session because I had too many other things demanding my attention. I focused on what I needed to accomplish and how I was going to take care of myself because I felt that my stress level was too high. (Francine, incident 11, unit 4)

b. Setting Boundaries around Roles and Responsibilities.

There were several other circumstances under which trainees were found to establish boundaries. These circumstances involved the counsellor taking actions which helped define the boundaries of their and/or the client's roles and responsibilities.

Noreen, Stan and Gregg provided examples of taking actions to clarify their therapeutic responsibilities with the client. For Noreen, an interaction with members of a therapy group left her feeling isolated, distant and resulted in questioning the purpose of her role within the group. Clarification of the boundaries surrounding Noreen's role occurred when she "chose to intervene at a number of points to focus on specific issues (e.g., the fear of uncertainty expressed by one of the group members)" (Incident 9, unit 4).

Similarly, Stan wrote about his first experience of doing crisis counselling. In this incident, he was working with a distraught client who had recently ended a romantic relationship. In struggling with this client and what approach to take with her, Stan noted that his

response strategy involved selecting and taking on particular therapeutic role. In this situation, Stan noted that his "role at that moment was to calm her down so that she could think more clearly about her options in resolving her problems" (Incident 7, unit 2).

Gregg provided an example of having to define the time limits and boundaries of therapy directly to a client. In the incident, the client with whom Gregg was working indicated that he was having difficulties establishing a trusting therapeutic relationship with Gregg. The client's difficulties arose as a result of a past failed therapeutic relationship. According to Gregg, the client "desperately wanted to talk, but he was afraid of the ensuing rejection or of being told that he was a hopeless case" (Incident 5, unit 2). In response to this, Gregg's boundary setting occurred when:

> I told him that before we went any further, I thought he should know that I was likely ending my practicum in December and if he wanted to be referred, I could do that, and if he wanted to wait to see someone who would be there for a longer period to work with him, he could. (Incident 5, unit 3)

In this situation, Gregg's actions clarified the time limits of his role.

In other situations, trainees wrote about taking actions which helped to clarify the client's boundaries. Statements pertaining to the clarification of the client's role were made by Gregg, Helen, Francine,and Stan. In one incident, Gregg's client became very angry with Gregg and left the counselling session. At their following counselling session, Gregg described feeling nervous about how to handle the client. In addition to

questioning his abilities, Gregg established a boundary, noting that "I gave him the space and did not intrude" (Incident 6, unit 3). Furthermore, "I decided I had to be patient with this person and let him work out his frustrations and confusion" (Incident 6, unit 6). The boundary appeared to give the client the responsibility of working through his emotions.

Following Helen's encounter with a client who disclosed that her spouse was suicidal, Helen clarified

> what was mine to do and what was not. Her dilemma is clarifying what is her responsibility and what is not. She has been offered the responsibility for her husband's life, one that she has accepted in the past, although not as literally. We had talked of. . .defining for what she was and was not responsible. Choices are there for her to make. (Incident 8, unit 5)

Francine experienced a situation in which she had to make a decision to sit back and allow her clients to make some decisions about their therapy. In the context of this critical incident, Francine and her co-facilitator were preparing for their first session of group therapy with survivors of sexual abuse. They were discussing therapeutic issues such as the maintenance of confidentiality. As the discussion evolved, Francine documented:

> There were a few things about which we weren't sure what would work the best. For example, groups sometimes have difficulty with some members who talk too much and others who are too quiet. We wanted to make sure that everyone got a chance to express themselves. _____ suggested we make it a group issue and let the members decide how they wanted to do things. In the first session, _____ discussed the things we had decided between us and then told the members that we weren't sure about a couple of things. We wanted them to decide

> together how work it out. They started to discuss the issues. On one issue in particular, there was a difference of opinion. Everyone in the group expressed an opinion about the issue and after some discussion, they were able to come to a compromise that was satisfactory to all members. (Incident 10, unit 2)

In this example, giving clients permission to discuss therapy issues and make decisions about their group experiences was a way of establishing a boundary around the clients' responsibilities.

Sometimes trainees were required to be more direct in establishing the client's roles and responsibilities in therapy and life. For example, in addition to writing about how he selected a calming role with a client in crisis, Stan also noted how he defined to the client her personal role in coping with her life circumstances. He stated:

> I told her that she was like a person beating herself against a wall with blood all over the place and bruises and wounds on every part of her body. I said to her that it was time for her to take care of herself. She stopped crying and began to have more eye contact with me. She appeared to be more calm and we made another appointment. (Stan, incident 7, unit 3)

In two separate incidents, Francine wrote about her difficulties dealing with a manipulative client who was self-mutilating. These incidents provide examples of a trainee having to take a more directive stance with a client. The purpose of Francine's direct and confrontational stance was dual in nature. First, it was to protect Francine against the accumulation of stress of working with such a client, and second, it was to define the client's therapeutic responsibilities. The following quotation demonstrates Francine's attempts

to get the client to take responsibility for herself. She wrote:

> I decided that I could not work under this kind of threat and that she needed to take more responsibility for herself. Since nothing we had tried had worked to help her with her depression and anxiety, I said that I thought a medical intervention might be in order. I hadn't suggested this before because I knew that I would get a tremendous amount of resistance, which I did. She gave a number of reasons why she didn't want to do this. I kept insisting that something had to be done because I couldn't work with her to resolve her issues until I was sure she was safe. At stake was her commitment to do the work of therapy; the decision to heal. She continued to balk at my recommendation until I said, "you told me that all you want is to feel better. Therefore, I am assuming that you are willing to do anything that must be done in order to achieve that goal". That statement put the real issue on the table and she could not argue with it. I wanted to have her take some responsibility and initiative for herself. (Francine, incident 8, unit 2)

In a later incident documented by Francine, it is clear that she continued to have difficulty with this same client. The client's depression was persisting and once again she contacted Francine at home. In response to the client's phone call, an attempt was made to clarify the client's responsibilities. Francine stated:

> I kept the call short by insisting that she deal with the problem at hand, namely, "what are you going to do to make yourself feel better after you hang up the phone?" I knew I had to deal with her phoning in the next session and I wasn't looking forward to it. (Incident 11, unit 3)

Furthermore, the following quotation describes how Francine dealt with the client in their next session. This confrontation was done in an attempt to encourage the client to take responsibility. Francine stated:

> I took a one-down position and said that her phone call alerted me to the fact that I haven't been doing my job and in that I have encouraged her to become too dependent on me. I then talked about how this was most unhealthy for her and that we needed to work on more self-care strategies. In enlisting _____'s assistance, she is 'rescuing' herself and once again taking responsibility for the therapeutic process. (Incident 11, unit 5)

While most of the above examples demonstrate the trainees' desire to take less responsibility for the client, Stan experienced an incident in which there was a desire to become more involved in a situation. This action was eventually waived in favor of the establishment of a boundary that gave responsibility to a person to make decisions about how to deal with his difficulties. In this situation, the scenario involved Stan's interaction with an acquaintance who was soliciting Stan's advice on how to handle his wife's infidelity. Of this experience Stan noted:

> He asked me for advice and also wanted read some books on marriage and divorce. He came to my home and I loaned him a couple of books which I felt would be of some help to him. In my mind I also wanted to offer more help, maybe setting up a meeting with his minister and the three of us can discuss the situation further. However, I decided to wait for his response. (Incident 10, unit 2)

From the preceding discussion, it has been shown how the process of establishing boundaries is an interpersonal strategy used by trainees to respond to the internal chaos of critical incidents. Circumstances involving the establishment of boundaries included: circumstances warranting the protection of self and clients; and, circumstances requiring clearer boundaries around the counsellor and client's roles and

responsibilities. In addition to this interpersonal strategy, the next section will show how another interpersonal strategy, "Dialoguing with Others", was used by trainees.

2. Dialoging with Others

A second subcategory of responding interpersonally was for trainees to establish a dialogue with others. Trainees dialogued with others on a variety of topics. Specifically, they dialogued about their internal chaos; events which transpired with clients; and their counselling performance.

a. Dialoguing about Feelings.

Dialoguing about feelings involved sharing or self-disclosing their internal chaos with others, specifically clients, peers and/or supervisors.

Gregg and Francine experienced incidents in which they self-disclosed to clients. For Gregg, an experience of dissonance occurred following a client's self-disclosure that she was taking anti-depressant medication. He noted that the client sensed his discomfort and confronted him on this issue. In response, Gregg disclosed the following: "I acknowledged that I was surprised and felt a little awkward. I said that it was my own issue and that I was glad she was feeling better. We talked about it and settled into discussing other issues" (Incident 11, unit 3).

In several of Francine's incidents, she revealed personal feelings to clients as they arose in the session. In one incident, Francine noted how she experienced both dissonance and anxiety about how to handle a potentially suicidal client. One means of

responding to this situation was to reveal her feelings to the client. She wrote of "expressing her concerns" to the client (Francine, incident 4, unit 4). Francine not only expressed her concerns to the client about his welfare, but when the client returned the following session and appeared to have made a positive significant shift, it was Francine's feeling of awe which she shared with the client. She wrote:

> I was so awed by what he was doing that at the end of the interview I expressed what I was feeling. I said, "it took a lot of courage to express the deep feelings that you've shared. I feel so honored that you chose to share them with me". (Francine incident 4, unit 8)

Trainees were also found to self-disclose feelings to peers and supervisors. Examples of this were provided by Noreen and Carla. For Noreen, the sharing occurred in two separate critical incidents. In the first incident, as she worked with a client she experienced feelings of anger and helplessness. In sharing her internal reaction with her supervisor, Noreen noted that the supervisor "identified these feelings which I was having as transference (the client's dependency needs) and countertransference issues (my own need to be helpful)".(Incident 5, unit 3).

Noreen's second experience of dialoging about feelings with a supervisor and peers came about following a live-supervision session with a client. Noreen experienced frustration, dissonance about which therapy direction to take, and inadequacy associated with her perceived inability to choose an appropriate therapy direction. Noreen wrote of sharing "with the

team members my frustrations in working with this client" (Incident 10, unit 1). In addition, she later chose to reveal her "feelings of inadequacy as a counsellor to Dr. _____" (Noreen, incident 10, unit 5). In the dialogue, her supervisor "described how the team members were also struggling with which direction to take with the client and how the client's sense of powerlessness was very present" (Incident 10, unit 5).

Similarly, when Carla was faced with dissonance between her learning style and the learning style of her counselling program, she also chose to consult her supervisor, noting that the supervisor shared advice once given to her (Incident 7, unit 2). For Francine, she noted mentioning her "confusion over what I should do with my client to my supervisor" (Francine, Incident 5, unit 4).

A final example which shows how trainees reveal and dialogue about personal feelings with others came from Francine. Her incident was a bit different in that she dialogued about her feelings during an experience with a friend who was a Holocaust survivor. The disclosure of his wartime experiences brought up feelings of sorrow for Francine. Rather than keeping them stored internally, she expressed them to him. Her experience of this process is documented in the following powerful quotation:

> Close at hand was the desire to say or do something that would convey my caring and concern for _____'s woundedness. The opportunity for such expression came about a week later. _____ and I, along with another friend from Jerusalem, were talking about theological matters. _____ brought up the age-old question of the existence of evil. He asked me, "how is it that the good people were

> killed in the Nazi camps, and after the war it was the criminals that went free and lived to be old?" It was evident by the way he asked the question that he was quite convinced that I had no answer, at least not one that would satisfy him. I told _____ that I would answer his question, but that I wanted to say something else first (Incident 1, unit 3). Before I could say anything more, I started to weep. I was overwhelmed by a sense of how awful his experience must have been and by the horrible deaths of his loved ones. All of it was so utterly senseless. The Holocaust wasn't an unfortunate accident but a willed horror on innocent human beings. The weight of all of this was heavy, but I managed to regain my composure and said, "I am crying because I feel very bad about what happened to you and your family during the war. When you first told me about these events, it felt as if an arrow had pierced me. I want you to know how very sorry I am that these terrible things happened to you and your family. Please know that your pain will always be in my heart, and I thank you for this precious gift, because only true friends share both their joys and their sorrows". (Francine, incident 1, unit 4)

b. Dialoguing about Therapy.

In other situations, the dialogue sought out by trainees dealt with the events which transpired in a counselling session. In these situations, the purpose of the dialogue was to consult or get feedback on how one should handle such events. In most of these incidents, the initiation of a dialogue or consultation with others came about following a crisis-oriented situation with a client.

The crisis situation involving the abuse of a minor was one incident in which the trainee Warren chose to seek out a dialogue with others on how to handle the situation. Once the abuse was disclosed, Warren noted that he

> spoke with my supervisors about the incident, realizing that social services needed to be notified, and I wanted to work out what the best way would be to handle the situation. The mother appeared to be unaware that I was responsible for notifying social services when she told me about what had happened. In the next session, I discussed the matter with my supervisor, and we planned an approach to letting the family know that social services would have to be contacted. (Warren, incident 12, unit 2)

In this situation, the dialogue involved consulting with supervisors and planning an approach of dealing with this ethical and legal dilemma.

Dealing with clients who were potentially harmful to themselves also resulted in seeking out dialogues with others. For example, Francine's perception that a client was potentially suicidal prompted a consultation with a supervisor. The complication for Francine was that the client was going to terminate counselling because of insufficient funds to pay for his sessions. Francine experienced a sense of dissonance and anxiety about this situation, noting that she "discussed the problem with my supervisor and decided to set up a session with _____ to try to come up with a feasible financial arrangement" (Incident 4, unit 3). For Helen, when a client disclosed that her spouse was suicidal, this "threat was discussed with the supervision group" (Incident 8, unit 4).

Stan provided a final example of dialoguing with others following a crisis situation with clients. The client, a married man, was dealing with a sexual addiction problem which was leading to the breakdown of his marriage. The client had contacted Stan to reschedule their appointment. Not knowing how to best

handle the situation, Stan contacted his supervisor. According to Stan

> Dr. _____ advised me that I did not have to change my appointment date just because someone was in a desperate situation with their marriage partner. He cautioned me not to be easily manipulated by clients who want their needs met right away. (Stan, incident 9, unit 2)

The dialoguing on this issue was accompanied by a second response strategy, which was to set up a clearer boundary with the client and giving him responsibility for working on his marriage (Stan, incident 9, unit 3).

There were some non-crisis type cases in which trainees sought out a dialogue. Francine wrote about her experience of dissonance while working with a sexually abused client. She noted that her means of responding was to seek out her supervisor and "mention my confusion over what I should do with my client" (Francine, incident 5, unit 4). In turn, their dialogue was aimed towards alleviating the trainee's feeling of dissonance and provided feedback on where to go therapeutically with the client.

c. Dialoguing about Performance.

While the subcategory "Dialoguing about Therapy Events" was about seeking out a dialogue with others on how to handle a future situation in therapy, the subcategory of "Dialoguing about Performance" was about seeking out a dialogue on how one performed in a past therapy situation.

The data indicated that trainees' experience of dissonance in regards to one's performance led to dialoguing or consulting with others. In one critical incident, Gregg expressed uncertainty about his

performance in a session with a client. He discussed how he showed his supervision team a tape of this session and desired to obtain some feedback on the work he did with the client. The feedback on Gregg's skills indicated that he "was not 'in synch' with the client. I was not taking the time to really listen and understand the client" (Incident 2, unit 2).

When working with a client with dysphasia, Warren also described going to his supervision team to get some feedback on his work. In the critical incident, he had expressed uncertainty as to whether he and the dysphasic client were communicating clearly. Of this experience and his solicitation of feedback, he stated:

> There were a number of times during the session in which I was not sure of the meaning which the client was trying to convey. Upon consulting with the team before the end of the session, they indicated that while my listening was attentive, they appeared to understand everything that Mr. _____ was saying. (Incident 3, unit 2)

In other situations, feelings of inadequacy and anxiety resulted in seeking out a dialogue and obtaining feedback from others. The initiation of a dialogue regarding their performance seemed to be done in an attempt to reassure themselves that they had behaved appropriately with clients.

Noreen, following a session of working with a family, was left feeling as if she had little to offer her clients. She wrote about making the decision to "show the tape of this session and ask the group for feedback regarding the appropriateness of my involvement" (Noreen, incident 3, unit 4). In another incident where she felt inadequate about her performance, Noreen wrote of "discussing this case with

my supervisor, and questioning whether or not I was any help to the client" (Incident 5, unit 3).

When Stan was faced with a lack of confidence and fear about counselling in live-supervision, he also used the team to dialogue about how he performed with the client. In his consultation with the team, Stan wrote that "they gave suggestions regarding case management and my own counsellor development" (Incident 8, unit 4).

For Stan, the feeling of anxiety arising in response to a client's suicide attempt left him to respond by reflecting on the event, setting up some boundaries with the client and later seeking out feedback from his supervisor. In regards to the latter, Stan stated that he "consulted Dr. _____ to make sure I had done my best. Dr. _____ assured me that I handled the situation well" (Incident 11, unit 5).

Warren's experience of anxiety about his first family therapy session left him to seek out consultation about his performance with his supervision team. In the course of the consultation, he stated that "the supervision team was extremely supportive and reinforcing in how they perceived the session as having gone" (Incident 7, unit 4). In another incident, in which Warren was again anxious about how to handle a client, he consulted the team, noting that "they were impressed with the way I handled the situation" (Incident 12, unit 7).

3. Experimenting with Tools

The third interpersonal strategy which trainees used to respond to their internal chaos was to experiment with their therapeutic and/or supervision tools. Trainees spoke about trying, risking,

experimenting, practicing and adjusting their tools and techniques in a variety of situations.

For Gregg, it was his feeling of anxiety that prompted him to attempt to use a different therapeutic approach. The incident involved Gregg working with a client whom he described as difficult. Gregg wrote of attempting to explore with the client some of his past experiences. When Gregg's line of questioning was rejected by the client, he described how he "panicked internally for a second or two. I then decided to try something else. I did a session of guided imagery taking him into a future incident" (Incident 7, unit 4). Gregg had indicated that his experimentation with guided imagery was something he had not previously tried. It was a new experience and was used to respond to the situation and his anxiety. In a supervision session with peers, Gregg was to do some live supervision behind the one-way mirror. The clients failed to attend and Gregg was left to make a decision as to how his supervision hour would be spent. One option presented was to do a role play with a peer. Gregg indicated that the prospect of doing this was anxiety provoking. In response, he noted, "I decided to do the role play and we set up the situation. I felt as though I had taken a risk (Gregg, incident 8, unit 3).

For Warren, Helen and Francine, it was their response of awe to their critical incident which encouraged them to engage in an exploration of their skills. Warren had been reviewing a taped session of his work with a client. The client with whom he was working had dysphasia and Warren had difficulties understanding him. In watching the tape, Warren noted:

> I, upon examining prior video-taped sessions with this client, was struck by the fact that, while exhibiting communication problems, he was truly understandable. This had resulted, in a future session the following week, in my listening carefully, but not to his every word (i.e. trying to see more of the forest while examining some of the trees). (Incident 3, unit 4)

Warren's reaction appeared to motivate him to take an alternative approach to working with his client. In this case, he practiced being a more careful listener.

Helen spoke about having a powerful incident in one of her classes. The incident involved doing an exercise with dreams and class members sharing their experiences with the excercise. She noted that all of the class members' experiences spoke to the dream process and its ability to access experiences and unconscious information important to an individual. As a result of Helen's powerful incident, she wrote about extending the experiment beyond the classroom and into the therapy room. She wrote:

> I used this process with several clients the following week. One client was working with issues of childhood sexual abuse and its impact on her life. She was fearful of the process. This exercise provided her with an opportunity to explore her dreams and important images that related directly to her in private and personal ways that she had not previously been able to articulate. . . .I also used this exercise with an unmarried couple with whom I have been working for a couple of months. (Incident 5, unit 3)

Similarly, in three of her critical incidents, Francine noted how her positive reactions towards observed techniques resulted in a desire to experiment. In the first example, Francine was impressed with a televised interview featuring the late Barbara Frum, a

famous Canadian journalist. In the interview, Barbara Frum addressed the secrets of her success. According to Francine, "I decided to try it in the interview I had that afternoon. I thought about what I wanted to ask and made the questions as clear and concise as possible. Then I 'got out of the way' of the client (Incident 7, unit 3).

In the second example, Francine's discussion with a peer about how to work with and protect herself against angry clients positively influenced her. She stated "I was impressed by the technique and planned to use it the next time there is a need" (Francine, incident 12, unit 2). Although in this example she did not describe a situation in which she actually experimented with this therapeutic technique, there was the stated intent that she would experiment with it if a future opportunity presented itself.

In a third and final example, Francine's positive impression of Carl Rogers' approach to empowering clients led her to attempt to practice this approach with a client. According to Francine, the practice opportunity came about when: "my client called during a crisis time and I talked to her for about an hour and a half. I was a lot more Rogerian and made a greater attempt to simply listen rather than problem-solve" (Incident 3, unit 6).

Responding to dissonance through the experimentation with a therapeutic technique was used by Helen. She gave a clear example of this in an incident in which she was struggling to work with her clients' affect. Helen noted:

> A counselling goal for myself this year has been to learn to work more effectively with affect. . . . How to work with this feeling to clear it, release it, or resolve it? The answer I have to this is to read about how this is done, observe others doing and practice. I found a book that looks at this, and I have been practicing. Short of providing a transcript or tape, I will summarize the critical incident with one word: practicing. (Incident 10, unit 3)

To this point, trainees' intrapersonal and interpersonal response strategies have been discussed. It has been demonstrated that trainees respond to chaos through their employment of reflection, setting boundaries, dialoguing with others and experimenting with tools. The outcomes of using such strategies will be discussed in the next section, "Finding Order within the Chaos".

III. FINDING ORDER WITHIN THE CHAOS

This third and final major theme of counsellor development involved the trainee finding a sense of order to their internal chaos. The sense of order was found following the trainees' application of one or more intrapersonal and/or interpersonal response strategies. For the trainees, it is thought that the order within their chaos was always there, but that it was concealed as a result of the complexity of the critical incidents to which they were exposed. In the words of Hague (1997), "the fact that the order is so well hidden in the complexity of chaos is what keeps us from knowing its power and appreciating its beauty" (p. 1). For trainees, order was found through a trainee's enhancement of their therapeutic competence and, through their development of new insights. Thus, the two major categories which define "Finding Order Within the Chaos"

include: A. Enhancing Therapeutic Competence; and, B. Developing New Insights. In the following section, each of these main categories will be described. It should be noted that trainees may gain a sense of order in one or all of the above categories.

A. Enhancing Therapeutic Competence

The category of "Enhancing Therapeutic Competence" was broken down into the following subcategories: Building Therapeutic Skills, Shifting Emotional Perspectives, and Finding a Fit Between Self and Theory. Each of these will be described in the following sections.

1. Building Therapeutic Skills

Enhancing therapeutic competence involved a trainee building upon new and/or existing skills. The development of new skills contributed a therapist's improved competence. This was mentioned by the majority of trainees at some point during the documentation of their critical incidents. An attempt will be made to review the types of new skills that trainees became competent in using. This will be followed by a review of existing skills that trainees improved upon.

In some instances, the critical incidents resulted in the trainees' discovery that they could be competent or effective. Such was the case for Warren. He "found that I could use a technique which I had never used before, very comfortably, in a manner where I am more aware, and in an effective manner (Warren, incident 11, unit 6)

Helen had established early in her critical incidents that her counselling goal for the year was to shift from working predominantly within a cognitive

framework to working more affectively with clients, a new approach for her (Incident 3, unit 4). Her critical incidents were peppered with statements indicating that she was becoming more competent at working within the new, affective realm. For example, after consultation with a supervisor over how to work affectively, she noted that the supervisor's feedback showed how the use of certain questions could shift a client from a cognitive to an affective modality. Helen wrote that this contributed "to my becoming more effective as a therapist" (Incident 4, unit 6). In another incident, Helen discussed her use of practicing what she had read or observed to resolve her dissonance about working affectively. The result of practicing was her discovery that she "was able to get to the front door of affect" (Helen, incident 10, unit 5). In a final statement, Helen's development of the ability to work with a client's affect was reiterated when she noted, "one learning was to work with the affect presented, and that I could use and work with the anger" (Incident 11, unit 13). One would think that these new learnings would make her a more competent therapist.

Like Helen, Warren indicated that he also was not limited to working at a cognitive level with clients. The expansion of his ability to work affectively with clients was noted when he stated, "I am on my way to discovering a way in which I can relate to my clients on an affective, as well as on an intellectual, level" (Incident 2, unit 4). As with Helen, working affectively with clients was a new found area of competence for Warren.

Building upon existing skills was another way in which trainees enhanced their competency as therapists. Trainees spoke about becoming 'more effective' in different areas. Warren noted that one critical incident helped him to improve his listening skills (Incident 3, unit 5).

In several examples, Francine wrote about becoming more competent in her application of various therapeutic techniques. First, the result of Francine's imitation of Barbara Frum was that her questions became more effective (Incident 7, unit 4). Second, the outcome of working with a client who was struggling with guilt was that "I learned how to do it [work with guilt] in a manner that incurs the least amount of client resistance" (Incident 5, unit 5). In a third example, Francine noted that a discussion with a supervisor "helped me to expand my ability to maintain appropriate boundaries, to protect myself and remain present to the client" (Incident 12, unit 3).

Trainees who become more flexible and are able to access more parts of themselves are those who work more competently in therapy. Increasing flexibility in their responses to clients was mentioned by Stan and Gregg. For Stan, a positive outcome of using hypnosis with a client helped him to increase his therapeutic repertoire. Of this experience and its influence on his development, he surmised:

> I learned to be flexible and not to indulge myself in "digging up" my client's past as the only way to healing. If the "insight" route does not work, I have to find something else that works and should not feel guilty about the theoretical change in my approach. The "usual" approach does not mean it is always the best approach for my client's immediate

> situation. I have to utilize what the client presents to me. (Incident 5, unit 5)

Gregg's feeling of awe and reflection on the work of Milton Erikson and Carl Whitaker also resulted in becoming more flexible. Although he did not use the term 'flexible', he rediscovered that he was a multiple versus a one-dimensional counsellor. His reflection upon these Master therapists and the discovery of his multidimensional self was documented in the following quotation:

> I have continued to reflect on the video and article that I read and have been enjoying this reflection a great deal. I feel as though a part of me that has been dormant for a few years is waking up and showing itself. I am more free to use more of myself in the counselling session. I am a multidimensional person and using a variety of dimensions of myself is both an enhancement of my own experience as a counsellor as well as good modelling for clients who are often mesmerized by one or a couple of dimensions of themselves. (Incident 12, units 6)

There were a number of trainees who wrote of becoming more aware of and empathetic towards clients. The shifts in these areas are also seen as skills contributing to one's competence as a therapist. If trainees are not aware of themselves, the therapeutic process and/or clients, one could argue about the degree to which they will be effective therapists. Trainees who experienced an increased awareness and sensitivity often noted that it positively influenced their work in the therapeutic process.

Francine, Gregg and Carla became more aware of clients through their experiences. For example, Francine noted that as a result of an incident with a client, she became "more conscious of client 'signals'

and my responses to them" (Incident 6, unit 6). Following a discussion of his work with peers, Gregg stated: "I am taking more notice of the mood and pace of others and trying to understand the dynamics involved. . . .With clients, I am taking more notice of their present level and working from there" (Incident 2, unit 4). In another incident, Gregg's increased awareness was reiterated when he stated: "I am paying more attention to the person who I am counselling. I am more sensitive to them as opposed to trying to analyze things as if I was reading a textbook" (Gregg, incident 3, unit 6). An increase in empathy was also true for Carla. She summarized the impact of her critical incidents in the following statement, "my minor and major crises helped me to be more empathetic toward my clients and colleagues. . .more understanding and tolerant of the individual differences of others" (Incident 12, unit 3).

Not only did trainees report increasing awareness of clients, but also reported an increased awareness of themselves in the therapy process. For example, Warren described the outcome of one critical incident as: "I was much more aware of what I was doing. I found that this impacted on my clients in that they were much more at ease and that my interventions were much more effective" (Incident 5, unit 4). In another incident Warren "found that I was more present, more aware of what was occurring with my client, and more able to attempt different types of interventions. In this case, the intervention was an empty chair technique which was effective" (Incident 6, unit 2).

Francine also indicated that the outcome of her experimenting with a questioning technique was that she became "more aware of what was happening in the session" (Incident 7, unit 4).

2. Shifting Emotional Perspectives

The second subcategory of "Enhancing Therapeutic Competence" is entitled "Shifting Emotional Perspectives". Trainees experienced a shifting of emotions about themselves, the client and/or the situation in which they found themselves. Emotions shifted towards being more positive and contribute to the trainee's therapeutic competence. For example, trainees seemed to move from experiencing a state of anxiety to feeling more relaxed. Such an emotional shift could be seen as beneficial to the therapeutic process. It was observed that trainees' emotions shifted in that they became more empowered, their anxiety decreased, and they were more able to affirm themselves. Each of these will be described in the following sections.

a. Feeling Empowered.

Increasing a sense of empowerment had a number of different facets. Empowerment was associated with confidence and trust; a curiosity and willingness to learn; and a perception of having control. With the exception of Helen, all other trainees wrote about having a sense of empowerment. Empowerment occurred as a result of events occurring within different contexts such as the classroom and/or supervision contexts, counselling, and one's personal life.

Increased confidence occurred in the classroom and/or supervision contexts. By discussing with a

supervisor her feelings towards a client and whether or not she was helpful, Noreen noted that the supervisor's normalization of her feelings helped to instill "a greater confidence in my abilities" (Incident 5, unit 4). According to Warren, the outcome of his decision to show a tape of his work to colleagues and a supervisor was that "I began to feel much more confident in the skills that I had developed thus far, despite the fact that they were learned in a psychiatric setting" (Incident 4, unit 3). In another supervision experience, Warren's experience of sharing himself, his background and his theory of counselling with peers and supervisors, "was pretty anxiety-producing and it helped my self-confidence to see that I was understood" (Incident 2, unit 5).

Gregg's increase in self-confidence occurred following a role play exercise with peers. He described himself as taking a risk in doing the exercise. For Gregg, the outcome of taking a risk and receiving positive feedback was that "I felt great confidence after this experiment. I gained confidence in my own ability as well as trust in the people I am working with. These are the areas where this incident has affected me" (Incident 8, unit 6).

Experiences with clients also promoted increased self-confidence. This was noted by Francine, Warren, and Gregg. According to Francine, the experience of having to confront and establish firmer boundaries with a manipulative client "built my confidence" (Incident 8, unit 3).

Warren wrote of increasing trust in himself. Trust can be seen as a form of self-confidence. Specifically,

during a first time experience in family therapy, Warren's decision to listen to his intuition and the positive feedback on his performance were pivotal in that he came to trust his "intuition more in individual counselling sessions" (Incident 7, unit 5). Furthermore, he stated, "I was pleased to see that if I were 'myself' and did not attempt to 'play therapist', rather to trust what came naturally and instinctively, I could be effective" (Incident 7, unit 5). In another incident, a decision to consciously relax himself also increased Warren's confidence and trust. According to Warren, the outcome was that this "contributed to my self-confidence in a counselling situation. I am more willing to go with the process and trust in that process, rather than trying to spur that process on" (Incident 6, unit 4).

Gregg's experience with a client who had difficulties with self-disclosure prompted him to write about the influence of that experience on his self-confidence. He noted:

> The effect that this incident has had on my development is twofold. First, I am coming to trust clients more to explore issues at a pace that is good for them. This incident had a great impact on me in this area. Maybe I just needed to trust more. The other dimension that this incident has impacted on my development as a counsellor is that I have come to trust myself more. I have struggled all term (and much longer) with trusting myself more as a counsellor and not questioning what I do to such a great extent. This was very important to me for it was a qualitative shift in my being as a counsellor and it felt very solid. (Gregg, incident 6, unit 8)

Finally, the context of Carla's personal life and it's influence on her self-confidence were important in

that her minor and major crises "helped me to be more confident in my own abilities as a counsellor and researcher" (Incident 12, unit 4).

Feelings of empowerment also included trainees becoming more open to learning and experimenting. It was Stan's decision to follow his intuition and use a metaphor with a client that empowered him "to further experiment with different therapeutic approaches" (Incident 4, unit 7). Warren's experiment of changing his therapeutic style and it's encouraging results prompted him to note that "he felt more open to experiment with different interventions" (Incident 5, unit 5). Finally, Gregg's decision to try a new approach with a client led him to write "I feel encouraged and feel more willing to experiment with different ways of being with clients and with a variety of ways of empowering each individual client" (Incident 7, unit 7).

Not only did Gregg develop greater feelings of self-confidence, he also noted that taking a risk in supervision was empowering in the sense that he became more curious and 'open to learning'. He wrote:

> I was, for some reason, very nervous about this experiment, but the fact that I went ahead anyway coupled with the support of the group made a significant impact on me. Perhaps it was the last experience of this sort I needed to come out of a shell and open myself up more fully to learning. I am more curious about things now and am increasingly willing to experiment. (Gregg, incident 8, unit 7)

b. Decreasing Anxiety.

Decreasing anxiety also occurred as a result of the outcome of coping with events in a trainee's personal

life, supervision, and counselling. The following quotations best demonstrate the shifting of anxiety from a high to lower level.

Gregg stated that facing his fears and pain of past personal issues resulted in "further understanding [of himself] and relief" (Incident 1, unit 5). Similarly, Stan's tapping of personal resources to cope with personal stressors helped him to regain his "piece of mind" (Incident 1, unit 4).

Different events in supervision helped to alleviate anxiety. For Noreen, a classroom exercise in which she shared her developmental experiences "helped to allay some of my anxieties" (Incident 1, unit 6). Specifically, she "felt a sense of relief, knowing that. . .counsellor development is an ongoing process" (Incident 1, unit 7).

Experimentations with interventions were successful in helping trainees to feel less anxiety. Gregg's decision to try a new intervention with a client had positive repercussions. He noted that his client "began to see more of himself than just the scared part. He saw a confident part of himself who was able to think well and flow with the conversation." (Incident 7, unit 5). Of Gregg's experience with this client, he indicated:

> this was a relief for me, for this was the first time he saw confidence in himself in a present or future context. I feel relieved to have tried something new. I was dreading it somewhat and did it at an unexpected time, but it turned out much more positive. This was a relief for me, for this was the first time he saw confidence in himself. (Gregg, incident 7, unit 6)

Experimenting with relaxation during his counselling sessions was beneficial for Warren. The outcome of applying this strategy was that Warren "felt much more relaxed, not feeling it necessary to 'jump in' and attempt to effect change" (Incident 6, unit 5). He also stated that it helped him to "get by the anxiety of experimenting with different approaches to psychotherapy" (Incident 11, unit 7). For Francine, emulating Barbara Frum's interviewing strategy resulted in feeling "much more relaxed" (Incident 7, unit 5) with her client. Furthermore, Gregg's experimentation with a role play resulted in him feeling "great relief" (Incident 8, unit 5). The outcome of this was that he was "not nearly so afraid to make a mistake" (Incident 8, unit 8).

The supervisor's feedback was influential in alleviating anxiety for Stan and Noreen. For Stan, feedback from his supervision group was positive in that his initial fears about the process and his peers' reactions "did not come true" (Incident 8, unit 5). Furthermore, he noted that "it was I who was preoccupied with a 'pass or failure' mentality and viewed live supervision as my 'judgment day'" (Stan, incident 8, unit 6). Similarly, when Stan's supervisor gave him positive feedback about his interventions with a suicidal client, he stated "I have a sense of relief. I am glad that my client is under the doctors care in the hospital" (Stan, incident 11, unit 6). According to Noreen, when a supervisor normalized her countertransference feelings, she "felt a sense of relief" (Incident 5, unit 5).

c. Affirming the Self.

A trainee's sense of being able to affirm oneself was a third aspect of "Shifting Emotional Perspectives". Not only did trainees move towards building skills that made them more competent, but they also shifted towards perceiving themselves as more competent. Affirming themselves was a sign that they were seeing themselves as competent.

Incidents in which trainees dialogued with others were influential in building up a sense of affirmation. The value of dialoguing in promoting a sense of affirmation about their skills was noted by Warren, Stan and Carla. In a powerful statement documented by Warren, he noted that a supervisor's feedback on his tape presentation

> allowed me to see that there was a great deal which I have learned with regards to counselling in the past four years, though it still needs refining. At the outset of my experience with clients in the clinic and at the Counselling Centre, I felt as though it would be necessary for me to discard many of the skills that I had developed in the psychiatric setting (i.e., diagnostic skills) and now I realize that these skills can be refocused and reframed. (Warren, incident 4, unit 4)

In a situation in which Warren had to outline his ethical obligations to a client, the supervision team's positive feedback "did a lot to validate my own confidence in my ability to 'think on my feet' when it becomes necessary" (Incident 12, unit 8).

For Carla, there was ambivalence about whether or not she was a skilled counsellor. When she received positive feedback on her performance in a role play situation, Carla was able to affirm her skills, noting

that "I was as qualified as I perceived them [her peers] to be" (Incident 2, unit 4). Finally, Stan's anxiety about live supervision and the supportive response of the team validated his right to fail, fumble and make mistakes (Incident 8, unit 7).

The outcome of actions taken with clients was pivotal in Noreen affirming her role as a group counsellor. Noreen's intervention "helped to confirm that I did have a role to play within the group. By the end of the session, I felt more positive about the experience" (Incident 9, unit 5).

When Francine experienced dissonance about her therapy direction options, the outcome of choosing to listen to her instinct was positive. Her client made a significant shift and Francine was able to affirm her choice of intervention. Affirming her choice, she noted, "my feeling that 'somebody needed to fight to hang onto _____' was correct and in part effected the difference. He needed to know that somebody cared, and my 'arm twisting' was evidence of my commitment and concern" (Incident 4, unit 10). Further affirmation of her choice was noted when Francine wrote, "this incident demonstrated to me the importance of listening to my gut feelings and going with my intuition when I am unsure about what to do" (Incident 11, unit 13).

Finally, an incident of working with a client enabled her to affirm her credo position. Of her credo position, Helen wrote:

> This experience validates my credo position in a number of ways. Validate the clients' world and view, believe in their resources and coping strategies (conscious and unconscious) as protective mechanisms, connect feelings to events

> and thoughts, reframe (beliefs, events, causality), and help direct feelings to completion in thought and action. (Helen, incident 9, unit 9)

3. Finding a Fit between Self and Theory

Establishing a sense of congruity contributed to trainees' competency as therapists. Trainees described the importance of discovering congruity between their therapeutic approaches or techniques and their personality, values or beliefs. Discovering what 'fits' with themselves is a part of trainees' development. This was mentioned as important by Carla, Francine, Gregg and Stan.

Carla noted that her critical incidents helped her to be "more congruent with who and what I really am while in the 'counsellor's chair'" (Incident 12, unit 5), while Francine noted that an interaction with a client left her feeling "more aware of what I am doing in sessions with my clients and as to whether or not it is consistent with my personal beliefs. This will enable me to be much more 'congruent' with myself and my clients" (Incident 3, unit 9). Francine, in a later incident, documented her discovery of a specific technique which fit with her personality. She indicated that she "found reframing and the one-down position really effective and congruent with my personal style" (Incident 11, unit 7).

Gregg's interaction with a peer was influential in settling his sense of chaos about his development. The interaction allowed him to discover that working exclusively with the analytical model may not fit with who he is as a therapist and as a person. He described an interaction with his peer, his sense of awe over the interaction and the subsequent influence of this on his

development. He stated, "I am now searching so as to find out what fits best with me as opposed to me changing to fit with some external method(s)" (Incident 3, unit 8).

Stan's presentation of his personal credo to his peers and a professor was described as positive. He discovered that he could "incorporate my unique Christian beliefs into my credo without feeling rejected or looked down upon" (Incident 6, unit 6).

B. Developing New Insights

Trainees also found a sense of order within their chaos through their discoveries of new insights . As a result of their chaos and response strategies, three areas of insights emerged from the data. As noted previously, the complexity of their experiences kept them from seeing the existing order. They included the development of those insights pertaining to themselves, clients, and the therapeutic process. These insights were noted as being influential to their professional development.

1. Developing Insights about Self

In the examination of this subcategory, insights about the self were very prominent. All trainees came to some form of understanding of themselves as a result of experiencing and responding to their internal chaos. Examples of insights about themselves included a better understanding of: the counsellor's qualities, roles and responsibilities, the meaning of their internal chaos and their behaviours.

a. Insights about the Counsellor's Role and Responsibilities.

Insights about oneself as a counsellor involved developing a better understanding of their role and responsibilities in therapy. Noreen, Gregg, Stan and Carla all outlined their perceptions, each perception being very unique. For these participants, coming to a clearer understanding of the counsellor's role was, in most cases, the outcome of having to establish boundaries with clients. Without being in a position of having to establish boundaries, these insights may not have arisen.

For Noreen, the outcome of her experience in a group therapy setting "reinforced for myself my role as a facilitator, but not necessarily an equal and contributing group member" (Incident 9, unit 7). While Noreen saw her role as a facilitator, Gregg's perception of his role in counselling was to "foster a client's development and growth" (Incident 4, unit 5).

Stan defined the counsellor's role as that of a collaborator in the therapeutic process. As a result of one incident, Stan clarified that his role was "to collaborate with him [the client] in setting up treatment goals" (Incident 9, unit 6). In a second example, the result was Stan's arrival at an understanding of his responsibility in therapy. He noted:

> I have to be clear when my client is ready for a suggestion or a possible solution, and more importantly, the solution should ideally be a joint product of collaboration between me and my client. I feel I have a strong, unconscious tendency to be the solution provider for my clients. . . .I have

> to help my clients utilize their own personal strengths and resources for problem resolution. (Stan, incident 10, unit 5)

In addition to seeing his role as a collaborator, Stan came to a number of other insights about his counselling role. In one incident he wrote that "the job of the counsellor is to help the client tap his resources as he taps his own" (Stan, incident 1, unit 8). Finally, he concluded that during crisis situations:

> The counsellor's role is to help the client survive the crisis by assisting the client to make sensible decisions and actions appropriate to the situation. The primary role of the counsellor is to help the client regain some sense of clarity in his/her own decision making process so that he/she can survive the emotional pains of the crisis before the next appointment comes. (Incident 7, unit 5)

Carla's perception of the counsellor's role was similar to Stan's view that a counsellor should help to discover coping resources. With respect to her perception, Carla surmised: "one aspect of the counsellor's job is to help individuals discover what kind of struggles they are dealing with and what they can do to cope. This engenders hope and ultimately empowers the client" (Incident 7, unit 6).

Francine's work with a manipulative client helped her to gain a "clear understanding of who was responsible for what in the relationship and how we needed to work together" (Incident 11, unit 7). Furthermore, her understanding of her responsibilities also included a description of how she takes on and relinqulishes responsibilities. She noted:

> I have a better sense of how I got caught in the system or the "responsibility trap" of taking more

> responsibility for the client than I should have and of knowing how I got out of the trap once I found myself in it. It all revolves around setting boundaries with clients especially those that present as very helpless and not rescuing or doing their work for them. I have always avoided manipulative people and therefore, have not had to set my boundaries with them. This experience taught me a lot in that regard. (Incident 8, unit 4)

While some trainees described insights pertaining to what they were required to do in their capacity as counsellors, trainees also had other insights about issues for which they were not responsible. Noreen came to the conclusion that she was not completely responsible "for the degree of progress in the sessions" (Incident 7, unit 5); for "finding all of the client's answers" (Incident 10, unit 9); nor was she entirely responsible for the group therapy process (Incident 11, unit 4).

b. Insights about Internal Chaos.

Trainees emerged with new insights about their internal reactions to critical incidents. Trainees wrote about developing insights about their anxiety, dissonance, anger, awe, inadequacy and other reactions. While the understanding of the counsellor's role and responsibilities was primarily a result of having to establish boundaries, the understandings and insights of one's internal chaos was a result of taking the time to engage in personal reflections and/or engaging in dialogues with others.

Noreen developed a better understanding of her feeling of anxiety, inadequacy and impatience in several incidents. In the first example, a class exercise of

having to present her 'story' regarding her experience of graduate school helped her to realize:

> that I may have unrealistic expectations of myself with respect to counselling. I am impatient, having a sense of urgency for becoming a "competent" counsellor. I am anxious about making mistakes and thus, I tend to be more cautious and "hold back" within the sessions. I feel intimidated by other students who appear to be much more competent than myself and I fear that I will graduate as an incompetent counsellor. (Incident 1, unit 5)

In a second example, Noreen also demonstrated an understanding of her anxiety as it occurred within her supervision group. She noted: "I think that part of my anxiety related to my own discomfort in giving individual feedback within a group setting. I realized that I am much more comfortable in giving feedback on a one-to-one basis" (Noreen, incident 12, unit 5).

Helen's understanding of anxiety came about as a result of reflection on her feelings. She had been doing co-therapy with a peer and felt anxious and agitated about her peer's participation in the session. Reflection on her experience was valuable because it resulted in the following insight about the underlying conditions which led to her anxiety:

> This helped me to articulate that I function best when I feel grounded and have a sense of structure and direction and an understanding of the expectations involved. This includes expectations I have of myself and what I anticipate from others. When at least some of these factors are in place, I can proceed into the unknown comfortably and enjoy the process and its unfolding. When, however, I experience a sufficient lack of these factors, I feel a lack of harmony within myself and the situation. I get anxious and rattled. (Incident 6a, unit 10)

Noreen came to insights about her experience with dissonance. It occurred following a family therapy session. She had been working with a family in conflict and experienced dissonance about how she handled the situation. Solicitation of feedback from peers resulted in the following insight about the personal issue underlying her feeling:

> This incident proved to be a valuable learning experience for me. It was helpful in a number of ways. First, it highlighted my dissonance with conflict and my typical pattern for dealing with conflict, that is, smoothing things over. My initial disappointment regarding the session was that the conflict had not been completely resolved and that I had left the session feeling uncomfortable. This brings up a second point of learning for me related to my need to always leave the session feeling "good" or comfortable and for the clients to feel the same. (Incident 3, unit 7)

Gaining a better understanding of the feeling of anger and its potential impact on the counselling process was noted by Carla. Her anger arose in a session with a client who admitted that he abused his wife. Of her anger, Carla concluded, "I am human. My getting angry would accomplish nothing. My angry feelings would only put him on the defensive. My anger made me realize that I needed to learn more about his culture to better understand my client" (Incident 10, units 3,4).

Insights about feelings of impatience were documented by Gregg and Warren. Gregg's insight about his impatience came as a result of working with a difficult client. Following their sixth counselling session together, Gregg told his client about the possibility of terminating counselling in the future.

Upon Gregg's disclosure, the client shifted and began to self-disclose information about himself. According to Gregg, this shift illustrated:

> that it took six weeks to develop enough trust that the client could open up with me and discuss his personal pain. I realized how impatient I had been. For some reason, likely inexperience, I expected this to occur much more quickly and was frustrated when it did not. (Incident 5, unit 5)

Warren's insight that he too had a tendency to be impatient occurred following a class discussion on the therapeutic process and change. Warren's reflection on this discussion prompted the following realization about himself: "I am often impatient to see therapeutic progress and that when it is not immediately forthcoming, I am often inclined to blame myself or conclude that I must be doing something that is ineffective" (Incident 1, unit 3).

Reflection upon and discussion of Noreen's perception of inadequacy led to a number of insights. For example, in one insight, a supervisor's feedback

> helped me to understand the difference between being incompetent versus being with the client, by experiencing the client's own impasse. This experience has greatly contributed to my own development as a counsellor. It helped me to appreciate the difference between ideal and real counselling, in that, sometimes, as a counsellor, I may feel powerless or I may not have any answers to offer a client who is experiencing a very difficult time in his or her life. (Incident 10, units 6,7)

In a second incident, Noreen's needs to be helpful and responsible were connected to her feelings of inadequacy and helplessness while working with a client who was dealing with anticipatory grief. According to Noreen, a discussion with her supervisor was beneficial

in that it made her aware of "her need to be helpful and the discomfort which I experience when I am feeling as if I had not helped the client. It also highlighted the degree of responsibility which I assume for the counselling sessions" (Incident 5, unit 6).

Following a client's decision to take a break from counselling Noreen experienced a feeling of disappointment. In the process of reflecting upon her reaction, Noreen concluded that her reaction "related to two issues: one was my disappointment regarding the degree of progress which we had made over the 13 sessions; and the second, was my difficulty in saying 'good-bye' to someone with whom I had developed a good relationship. (Incident 7, unit 3)

Noreen came to insights about how her present behaviours and feelings were connected to past issues. Isolation from group therapy members led to responding via setting boundaries and reflecting. She realized that "the issue which had emerged for me during the session was that of 'belonging'. This experience reminded me of my own struggle to belong within my family, particularly to be within the inner circle of my four older brothers" (Incident 9, unit 6).

Gregg's experience of contemplating past childhood issues allowed him to see how his personal response of repressing his feelings of guilt over his issues could influence his work with clients. Reflection on how repression of his feelings could influence the therapeutic process resulted in the following insight:

> After facing such pain head on, I realized that if I did not do so, I could not expect clients that I see to do it. If I did not face my issues squarely I would likely sabotage my client's therapy by

> steering them around deep reflections and growth for fear of my own issues surfacing within me. I cannot and will not live in that fear, and through such action I learn more about myself. (Incident 1, unit 6)

Finally, Carla noted that the counsellor's journey in life can impact the client. She referred specifically to how her experience with and journey through depression could influence the client. She stated noted that "how I make that journey can have a very big impact, either positive or negative, on clients" (Incident 11, unit 5).

c. Insights about Behaviours.

Developing insights about one's behaviours were noted by all of the trainees. Such insights pertained to: understanding patterns of behaviours; understanding the similarity between the counsellor's and client's behaviours; and understanding how the counsellor's behaviours can impact upon the client.

Trainees often spoke about coming to insights about their personal tendencies and/or patterns of behaviour in the session.

Becoming aware of her tendency to be overly responsible was discussed by Noreen. Dialoguing with a supervisor over this issue led Noreen to the realization that she tends "to take a lot of responsibility for the sessions. Although I don't perceive myself as being directive, I am being directive by entering the session with pre-formed thoughts about which direction I think the sessions should take" (Incident 4, unit 3). Furthermore, in another incident Noreen became aware of the fact that "I'm not always consistent regarding the type of information which I believe to be necessary for

conducting a proper assessment and that I may prematurely move into the problem-solving phase before I have sufficient information" (Incident 8, unit 5).

For Gregg, his insight into a behaviour pattern arose following a supervision session in which he was presenting a tape of his work to peers. "Rather than trying to 'be' with the client, I was trying to make this particular client be with me. I have an easy time doing that and have to watch myself when I am working with people, as well as in other situations in my life" (Incident 2, unit 3).

Helen's insight of self pertained to the emphasis she placed on the counselling relationship. Reflection on an offensive suggestion made in supervision led Helen to the following notion: "I realized the importance I place on the counselling relationship and understanding the client's perception" (Incident 6b, unit 5). According to Helen, her understanding of the importance of the counselling relationship influenced how she had dealt with and would deal with the "pain and despair of abuse" in the future (Incident 6b, unit 7).

Other trainees came to develop insights pertaining to the similarities between their behaviours and those of their clients. Such was the case for Carla. While reviewing a client's file, Carla was led to the understanding that her process of emerging from depression was similar to that of her client whose file she was reviewing. Of her discovery of the similarity between her and her client, Carla voiced:

> As the client demonstrated through her drawings the journey she was making out of the depression, she also depicted my journey, as I experienced it with her. . . .Just as my clients are on a journey, I am

> on a journey with each client-to becoming a better counsellor...to becoming a fuller person...to becoming. (Incident 11, units 2,4)

Stan articulated very clearly his perception of the personal qualities possessed by both the counsellor and the client. His insight about these qualities arose as a result of having to respond to some personal struggles in his life. In his experience of having and responding to personal life stressors, he concluded:

> The counsellor, like his client, is not exempt from life miseries, big or small. Life comes with problems, conflicts and suffering, as well as happiness, satisfaction and accomplishments. Somehow I believe the counsellor and his client are equals: two human beings who genuinely struggle, but who have the resources to deal with the miseries of life and have the choice to make things better and to grow and mature as a person. The counsellor and his client are two equals, two human beings in a journey of life struggles and personal maturity. (Incident 1, unit 5)

Carla's insight about the impact of her behaviours on clients arose while dealing with a client who became angry at Carla. The outcome of the incident was Carla's insight that "sometimes you do not have to say or do anything-just listening nonjudgmentally can be threatening to a client" (Incident 4, unit 4).

2. Developing Insights about Clients

The second subcategory in which trainees gained insights included those pertaining to clients. Insights included understanding the clients' qualities, roles and responsibilities, and their involvement in the therapy process. At some point, all trainees reported having come to some better understanding about clients.

Gregg, Warren, Stan and Carla all came to insights about the qualities possessed by the client. For Gregg,

his understanding of clients as 'real people' emerged following a discussion with a peer. As a result of the conversation, he noted that "I am working with real people who feel as well as think and they may not always, or often need my analytical bullshit" (Incident 3, unit 4). Warren came to see clients as "resilient and able to use their own resources in keeping themselves safe and continue to grow in their own ways" (Incident 10, unit 4), while Stan described a client as a "consumer in the therapeutic process. If she feels my approach does not meet her specific needs, it is natural for her to contemplate terminating the therapy"" (Incident 5, unit 7).

Stan and Carla included in their description the understanding that clients struggle. Stan came to acknowledge that clients are humans who struggle and who have the capacity to make choices to grow and mature as individuals (Incident 1, unit 6). Similarly, Carla's acknowledgment that she was struggling with adapting to her academic program led to the insight that "clients also struggle" (Incident 7, unit 4). Specifically, she indicated that clients struggle with grief and loss issues. She came to this insight through struggling over the loss of an aunt with whom she had a close relationship. In reflecting upon her loss, she realized, "as I struggled with grief and loss at the moment, many of my clients were struggling with losses of their own. Whether that loss was through death or disappointment, or any number of things" (Incident 8, unit 4).

Trainees developed insights about the client's involvement in therapy. This was noted by Carla, Helen, Noreen, Francine and Gregg.

Carla had some insights pertaining to the process of how clients develop problems prior to seeking therapy. She provided the following description of this process:

> Coping styles learned in the past were not appropriate now. Whatever the particular situation, they [clients] were not adapting well enough to function optimally. Problems arise for an individual when coping styles that helped them survive in the past don't work now. They are not adapting and new coping mechanisms must be learned. (Carla, incident 7, unit 5)

In looking at this latter quote, engaging in ineffective coping styles could be seen as a process experienced by clients prior to and during their engagement in therapy.

Once in therapy, Helen developed an insight of the therapy experience for clients. It came about following her participation in a classroom exercise in which she had to disclose personal information. According to Helen, "this experience provided a refreshed awareness of a client's experience when asked, 'tell me a little about yourself'" (Incident 2, unit 5). Furthermore, Helen noted that her reflections "stimulated awareness and heightened appreciation of the anxiety experienced when revealing personal data to a group of strangers, or even to one stranger: the therapist" (Incident 2, unit 6).

Like Helen, Carla's personal experience with depression led to an understanding of the client's experience of depression. Of her experience with depression and the resulting insight, Carla stated:

> I found myself in a downward spiral of thought - emotion - lack of energy - more depressing thoughts - feeling more depressed - lacking more energy etc. I felt trapped by my own self. I knew as a counsellor what I needed to do to 'help myself', yet I found a million reasons why they would not work. That was exactly what my clients were experiencing. (Incident 9, unit 4)

Once engaged in therapy, there were insights as to how the clients can influence this process. For example, Noreen came to understand that clients can influence whether or not therapeutic progress will be made. Her understanding was that "one of the reasons for a lack of progress may be related to the level of commitment by the client" (Incident 7, unit 6). Similarly, Francine noted that in working with clients, whether or not one works with a client at an affective level "is more of a function of the client's readiness and willingness than of my skill as a therapist" (Incident 6, unit 4). Gregg's thought was that a lack of trust impedes therapy. His understanding of distrustful clients was that they "need that time to develop trust as their trust has been shot down" (Gregg, incident 5, unit 6). Furthermore, he indicated that with patience and trust, clients were "more likely, and more effectively, work at their own pace in counselling rather than at my pace" (Incident 5, unit 8).

While Noreen and Gregg mentioned the importance of such factors as commitment and trust, Carla concluded that a client's "stuckness" is related to an inability to learn from mistakes, lessons and victories of the past. She stated:

> What made some of my clients have the strength or courage to go on, while others gave up, or became

> stuck? Perhaps it was in the choices they consciously or unconsciously made in the period following critical times in their life. I believe that instead of going on from there and building on the past, they try to forget the past. They don't learn from the mistakes, lessons, and victories of their past experiences. (Carla, Incident 8, unit 5)

3. Developing Insights about Therapy

Gaining new insights not only means learning about oneself and clients, but also about therapy. This subcategory was broken down further. First, trainees were found to develop new insights about therapeutic techniques and concepts and their importance and/or usefulness in the therapeutic process. Second, trainees gained new insights and understandings about how different therapeutic processes work. At some point during the documentation of critical incidents, all trainees wrote about developing some type of insight about therapy.

a. Insights about Therapeutic Techniques and Concepts.

The types of insights made by trainees in regards to therapeutic techniques and concepts were as varied as the trainees themselves. Specific examples of insights included developing better understandings of how indirect communication (e.g., metaphors, stories, anecdotes), dreams, questions, transference, countertransference and boundaries can be important to the therapeutic process.

Stan and Noreen came to see the value of indirect communication in therapy. The positive outcome of sharing a metaphor with a client had allowed Stan "to see the usefulness of indirect communication such as stories, anecdotes, and metaphors in the counselling

process" (Incident 4, unit 8). Noreen's insight came through her participation in a classroom exercise in which she had to select a magazine picture and relate her story of her graduate school experiences to the picture. Noreen had selected a picture of a girl learning to play the violin and related her graduate school experiences to the metaphor of music and her experience of learning to play the piano. Noreen stated that the incident "demonstrated the value of using metaphors in counselling, particularly if that metaphor centers around a positive experience which is personally meaningful for the client. Such an experience can be empowering and freeing for the client" (Noreen, incident 1, unit 8).

The use of dreams came to be valued by Helen. She wrote that the class exercise in which she and her classmates worked with personal dreams "spoke to the dream process and its ability to access experience and information important for the individual" (Helen, incident 5, unit 4). Upon experimenting with the dream exercise in sessions with clients, Helen indicated that "it was an experiential learning, validating the accessing of dreams and the unconscious and working in noncognitive ways" (Incident 5, unit 6).

Insights pertaining to the use of questions in therapy were indicated by Helen and Francine. Through consultation with a supervisor, Helen became aware of how questions could move a client from working affectively to cognitively. She stated that her "learning was the focus on questions which shift modalities" (Incident 4, unit 6). In another incident, Helen developed an appreciation of "the value of

questions that frame information in a new way, allowing new perceptions and organization of data, or that encourage exploration and examination of data from a novel point of view" (Incident 2, unit 10).

Francine's understanding of the value of questions came through two examples. In the first incident, Francine had been having a conversation with a friend who was a Holocaust survivor. They were discussing his war experiences and in the course of the conversation her friend had asked, "how is it that the good people were killed in the Nazi camps, and after the war it was the criminals that went free and lived to be old?" (Incident 1, unit 3). Francine wrote of her sense that the issue was not a theological or philosophical one, but rather an issue of pain. Of this experience and its impact on her view about the use of questions with clients, Francine wrote:

> This event has had a profound effect on me. There are several things that changed my perspective that I can articulate. The first is a new understanding of the "role" of questions for people who have been traumatized. _____'s philosophical and theological questions about the Holocaust acted as sort of a smoke screen for the real issue, his pain. The idea that questions may act as a smoke screen doesn't trivialize them. They are real, sincere and important. But the questions themselves are the products of the pain, and I doubt that they can be answered satisfactorily for the victim without addressing the pain behind them. It is not unusual for clients to come in with lots of questions that are rooted in pain, but never really address the pain. If as a counsellor, I spent 50 minutes trying to explore answers to a client's questions without getting at what's behind the questions, I won't be very effective, and the client will probably leave dissatisfied. (Incident 1, unit 6)

In the second example, the outcome of Francine's experimentation with Barbara Frum's interviewing approach was that she became "more aware of the importance and power of good questions in therapy and will influence my future use of questions" (Incident 7, unit 5).

Insights about the concepts of transference, countertransference, boundaries and their usefulness to the therapeutic process were noted by numerous trainees. Stan's understanding of transference arose through his interactions with a client who expressed anger towards him. Upon examining the underlying reasons for his client's anger, Stan concluded that there were issues of transference operating. As a result of the critical incident, Stan "learned from this incident that every piece of information that my client gives me can be valuable to the therapeutic process and I have to be sensitive to the cues offered and to utilize them constructively" (Incident 3, unit 6).

Gregg's experience of countertransference with a client led him to note the following:

> I had been told that sometimes things will come up in sessions that will trigger something within you that you either did not expect to be triggered, or that you did not know would react in that way. I learned that it is what I do with it that is important. (Gregg, incident 11, unit 4)

Insights about the value of therapeutic boundaries were made by Warren and Helen. Warren's experience of losing a part of himself during a family therapy session prompted him to note that "this session made very clear to me the necessity of guarding or at least being aware of boundaries and what the effects are of venturing out

beyond that point" (Incident 8, unit 4). For Helen, a client's violation of her personal space and her intervention to restore her feelings of safety and security led her to note that "generalizations from this incident are a reminder of the valuable balance required between inner and outer worlds and issues, and between client and counsellor concerns" (Incident 1, unit 5).

There were other aspects of therapy which were identified as important. Helen wrote that one incident highlighted the "importance of communication" (Incident 2, unit 12) in therapy , while Carla, through her dealings with an angry, distrustful adolescent came to the realization that "the importance of the relationship in counselling cannot be minimized" (Incident 5, unit 3).

Specific insights made by Francine included her "learning that sometimes caring behaviour is not non-directive" and that "it is important to know when that kind of caring concern is needed" (Incident 4, unit 13). She also became more aware of "the importance of being able to relax and 'go with the flow' of a session rather than trying to 'make something happen' and dragging a reluctant client in direction of my choosing" (Incident 7, unit 6). Furthermore, her dealings with a manipulative client "underscored the importance of understanding the dynamics that are occurring between me and the client and having a sense of goals" (Incident 8, unit 3).

b. Insights about Therapeutic Processes.

This subcategory involves insights made by trainees about the goals of various therapeutic processes. Francine and Stan wrote about their perceptions of the

goal of therapy. This was interesting because both trainees mentioned the goal of therapy as client empowerment. Through Francine's reading of Rogers and her application of his theory with clients, she deduced that in therapy "the ultimate goal is not to solve all of the client's problems but to empower them so that they can do it themselves" (Incident 3, unit 8). In asking himself about the purpose of the therapeutic process, Stan responded by noting that its' purpose was "to empower the client. To provide an atmosphere of genuine concerns and care, not condemnation. And most of all, to create opportunity for growth, change and self-affirmation" (Incident 6, unit 7).

Trainees also identified having insights about the processes of counselling, change and healing, empowerment, and premature termination.

For Stan, his understanding of the counselling process was that it

> is not about a set of techniques, rather it is about a relationship between two human beings. In the relationship, the counsellor needs to know when and where to start, when to change direction, and when to stop, otherwise it will be like the blind leading the blind, and reaching no where. (Incident 6, unit 4)

At some point in their critical incidents, all trainees came to some insights about the elements which contribute to the process of therapeutic change.

Through Noreen's experience of dissonance, she noted that the incident "points out the value of using dissonance constructively to bring about change, not only for myself but for clients as well" (Incident 3, unit 8). While Noreen noted that dissonance could be used to facilitate change, Stan came to some conclusions

about the necessity of insight in the change process. His experience with his own personal crises led him to consider the necessity of this element. Of his experience and his view of the change process he wrote:

> The incidents reminded me of the issue discussed in class regarding whether clients need insights to facilitate change in their lives, insights like understanding the roots of the problems or the causes behind the symptoms. For my own case on that Friday morning, the necessary insights could be the understanding of faith in God during crisis situations or the trust in God's sovereignty that He is in control and everything will be alright. However, would I get out of bed if I chose to continue to dwell upon finding the explanations for the reasons behind the crisis? In my particular incident I have come to appreciate the work of the late Milton Erickson who advocated that clients do not necessarily need insights to elicit positive changes in their lives. According to Erickson, pattern intervention will probably elicit more changes that the understanding of insights. I believe insights are important, but they do not necessarily produce change. (Incident 2, unit 5)

Stan's understanding that insights do not necessarily promote change was reinforced in a dealing with a client. He noted that "my client has taught me that exploring the past to elicit some insights may not be the best way to induce change" (Incident 5, unit 4).

Helen's view of change came as a result of reading Edward Teyber's, The Interpersonal process in psychotherapy and practicing what she had read. This resulted in the following insight of what she viewed as contributing to the process of change. She wrote:

> This [incident] has led me to understand the use of the clients' initiative and directions to clarify their thoughts, feelings, and reactions to the troubling events in their lives. I believe that this fosters the adoption of an internal focus for

> change, allowing the client to experiment with more effective responses, leading to a greater sense of power, control, and effectance in their lives. (Helen, incident 10, unit 6)

Furthermore, she spoke about the role of blocked feelings in keeping clients from making changes in their lives. Helen noted:

> I have in the past focused on thoughts and the meaning of events to a person. I do believe that the meaning and the beliefs that surround events shape attitudes and direct behaviour which may or may not lead to satisfactory functioning. When this has not been effective, I have come to believe that it is the power of the feelings, a part of meaning, which have been unresolved. I see this as when a client <u>knows</u> but cannot act. The meaning is clear; they have somewhere between a foggy notion and a specific and exact sense of what they need to do, but the <u>feeling</u> holds them blocked and paralyzed. (Incident 10, unit 7)

Gregg understood how the demonstration of caring can positively influence the therapy process. His incident involved making a decision not to contact a client who had "no showed" for an appointment. He had been told by a supervisor that contacting a client who "no showed" was inappropriate and that he give the client responsibility for rescheduling another appointment. Unfortunately, the client simply made a mistake and showed up at a different time. The result of this was that Gregg came to see that contacting a client was a way to care. In regards to the role of caring in therapy, he surmised:

> Clients can often use a small demonstration of caring once in a while. It is true that it was his responsibility to act on his behalf and that he should have called. But there is more to it than the responsibility and behavioural aspect. There is a caring side which touches people and makes

> them feel good. From here, people are more likely to want to be responsible and respectful rather than being so because that is what they should do. (Gregg, incident 4, unit 6)

In her interaction with her friend, a Holocaust survivor, Francine came to an understanding of how the 'power of presence' influences the process of healing the pain. She noted:

> What is the best way to address the pain? I am sure it differs depending on the client, but this experience taught me a general principle in this area. One of the things that moved me the most about _____'s story was the thought that he had to face all of this horror alone. What must it have been like to move from place to place for months, hungry and cold, wondering if you would be caught or betrayed and finally killed? Then having survived, find out the terrible fate of your family. There was no one left to care about you, to be with you, and to cry over your pain. What would it be like to meet someone who finally heard the pain behind your questions? How would it feel to hear someone crying over your agony? This is the power of presence. There are many ways to be present to a client, but nothing replaces its healing impact. It is not that the client's pain is taken away, but that he/she is no longer left alone with it. (Incident 1, unit 7)

Carla made a few statements about the process of changing. Specifically, her experience with depression, "made me understand as well as know the process of depression and the road that I and my clients needed to travel to regain ourselves" (Incident 9, unit 5).

Warren's understanding of change pertained to the pace of it. Following reflection upon a discussion regarding therapeutic process and change he concluded that "I am starting to believe that change does not happen over night and that progress is sometimes slow" (Warren, incident 1, unit 6).

Francine noted having several insights about the empowerment process. In the first example, a professor's statement on the impact of repression upon the process of empowerment led to the following insight:

> I had never thought of the consequences of repression in these terms before. This event was a turning point in my understanding of the importance of recognizing and expressing repressed or negative emotions. The understanding that clients are empowered by owning their pain, at least turns on the light for me even if I still feel clumsy when dealing on an affective level. This reframes what is often a very painful and unpleasant process. This is essential for me in providing future direction concerning the goals a counsellor works toward with a client. (Francine, incident 2, unit 5)

In a second example, a decision to give the group membership the responsibility of discussing and defining group issues (e.g., confidentiality) demonstrated how to achieve empowerment. Francine's assessment of the situation was noted in the following quotation:, "this incident demonstrated to me the positive effect of allowing clients to participate in the decision making process as much as possible and was a pragmatic example of how client empowerment is accomplished" (Incident 10, unit 3).

Given that the model has been presented in its entirety, it is appropriate to begin a discussion of how this model is similar to models presented in the literature. In addition, it is timely to begin examining the ways in which this model can be applied to the areas of supervision and training.

CHAPTER FIVE

Discussion

Using a qualitative research design, the present study's focus was upon critical incidents and how they contribute to doctoral students' development as psychotherapists. The goal of the study was to examine these critical incidents, trainees' responses to them and their contribution to trainees' development. The study extracted a common set of themes and the process outlined was recursive in nature in that no formal ending to the model was found. This type of open-ended model has also been posed by others (Hess, 1987b; Loganbill et al., 1982; Sawatzky et al., 1994; Skovholt & Ronnestad, 1992).

The focus of this chapter will be to examine some of the themes associated with critical incidents and to draw comparisons to findings described elsewhere in the literature on counsellor development and supervision. This will be followed by a discussion of the implications of the research, its' contributions, training recommendations, and suggestions for future research.

Literature on Anxiety, Dissonance and Inadequacy

The model presented the first major theme that trainees experience a sense of internal chaos in response to critical incidents. It was found that trainees respond with dissonance, inadequacy, anxiety, anger and awe. Specifically, for the purposes of this chapter, the subcategories of anxiety, dissonance and inadequacy shall be compared to existing findings in the literature.

In looking at the subcategory of anxiety, it was found that trainees experienced anxiety related to the performance process, and events occurring with clients. The discovery that trainees experienced anxiety is not unlike the findings noted by other researchers (Friedman & Kaslow, 1986; Grater, 1985; Hess, 1986, 1987b; Hogan, 1964; Loganbill et al., 1982; Sawatzky et al., 1994; Stoltenberg, 1981; Stoltenberg & Delworth, 1987; Yogev, 1982).

With respect to performance anxiety, Costa (1994) noted that "the fear of exposing one's personal and professional inadequacies. . .are bound to cause stage fright" (p. 31). Thorbeck (1994) stated that trainees struggle with the anxiety of getting to know the client, "not the least of which is performance anxiety" (p. 76).

Trainees' experience of anxiety also arose out of their concern that they might not be as effective as desired or may not possess the qualifications to be a good therapist. This is akin to Yogev's (1982) finding which indicated that moving into the therapist role is stressful as trainees fear they may not meet the expectations that they must be knowledgeable and in charge. While Yogev (1982) wrote about trainees' anxiety about 'the possibility' that they may be deficient in some way, Sawatzky et al. (1994) associated trainees' experience of fear with the recognition that they are deficient in certain therapeutic skills, knowledge, or experiences. Similarly, Freeman (1993) identified anxiety as a response to the belief that one possesses personal shortcomings (p. 246).

The fear of failing the client, another aspect of anxiety, was noted in this study and others (Cormier,

1988; Grater, 1985; Hess, 1986; Yogev, 1982). Hess (1986) wrote about the trainee's "anxious expectancy of therapeutic catastrophe" (p. 55). He described the trainee's performance-related fear that an incorrect therapeutic decision could result in a client's demise. Similarly, Yogev (1982) also described the catastrophic expectations of trainees. Examples of such expectations included, "the client will not come back, thinks I'm an idiot, or will do something awful as a result of the session" (p. 238).

In addition to the fear of failing the client, a fear of the evaluation process was common to this present study and others (Dodge, 1982; Grater, 1985; Schauer, Seymour, & Geen, 1985). Dodge (1982) noted that "anxiety basically arises from the perceived threat inherent in the general evaluative qualities of the supervisory relationship" (p. 246).

Another aspect of anxiety common to this study and other research pertained to a trainee's reaction to clients' behaviours. This study found that clients' suicidal behaviours, self-mutilation, boundary violations, and first-time experiences resulted in anxiety. This is similar to findings noted by Menninger (1991) and Kleepsies, Smith, and Becker (1990) who found that in response to attempted and completed patient suicides, clinical psychology predoctoral interns experienced clinically high levels of stress. In fact, Chemtob, Bauer, Hamada, Pelowski, and Muraoka (1991) have noted that suicidal patient behaviour is the most stressful aspect of counsellors' work. Thus, the findings that the participants experienced anxiety both in past and present studies is not surprising.

Sawatzky et al. (1994) noted that anxiety was experienced when encountering new and threatening client populations. Participants in this present study also reported the impact of dealing with new populations (e.g. families) and new experiences (e.g., first time experience with reporting abuse, first time in live supervision).

The experience of dissonance emerged as trainees were faced with having to choose between conflicting therapy options, roles or expectations, and when faced with either listening to their intellect or intuition. Often the experience of dissonance was evident in trainees' feelings of confusion. The experience of dissonance found in this present study is also compatible with findings in the literature (Chazan, 1990; Hogan, 1964; Sawatzky et al., 1994; Stoltenberg, 1981; Watkins, 1992; Yogev, 1982). Chazan (1990) wrote that a trainees' dissonance, conflicts and differences are to be expected, for he described it as a "normal part of growth" (p. 27). For Hogan (1964), Stoltenberg (1981), and Watkins (1992), trainees' experience of dissonance was seen in their struggle with dependency and autonomy issues. Hogan noted that the trainee's "growth is characterized by a dependency-autonomy [italics added] conflict, in which he reflects his character in the attempt to find himself in his work while still struggling with his dependency needs" (p. 140).

Dissonance about one's roles in counselling has been noted in this study and others (Friedlander, Keller, Peca-Baker, & Olk, 1986; Olk & Friedlander, 1992; Watkins, 1990; Yogev, 1982). Olk and Friedlander

(1992) defined role conflict as "arising when a person is faced with expectations requiring behaviors that are mutually competing or opposing" (p. 389). Individuals in counselling psychology programs are often required to engage in the roles of therapist, student, client, supervisee, and colleague simultaneously. As each role carries a set of expectations, role conflict can arise. Olk and Friedlander (1992) discovered that role conflict is prevalent among more experienced trainees. Similarly, Watkins (1990) noted that during the initial stages of development, trainees struggle with issues of role boundaries and definitions. With a number of participants in this present study, the struggle with roles and boundary issues was evident.

The response of inadequacy was another shared finding. The present study indicated that when trainees experienced inadequacy it was usually about the belief that they lack effective therapeutic skills and the perceptions that they lack confidence, and are unproductive and powerless as therapists. This is also not unlike other findings reported.

Certainly, models of counsellor development have endorsed the idea that competency issues are expected to be faced by developing psychotherapists. Yogev (1982) wrote of trainees' "feeling of inadequacy vis-a-vis the role of a psychotherapist" (p. 238). Loganbill et al.'s (1982) stage two of development, entitled, 'confusion' is marked by a fluctuation "between feelings of failure and incompetence to feelings of great expertise and ability" (p. 18). Similarly, Blount's (1986, cited in Hess, 1986) stage one, 'adequacy versus inadequacy'; Friedman and Kaslow's (1986) stage two, 'dependency and

identification'; Hess's (1986) stage one, 'inception'; and, Watkins' (1990) stage one of development are all characterized by a lack of confidence, insecurity and inadequacy. Specifically, Watkins noted that during the first stage of his developmental model, "the crises of competence and confidence" (p. 122) occur.

In an article by Norman (1987) in which she presented case studies of her work with psychotherapy trainees, she noted that "the practice of psychotherapy is an emotional business that engenders in its practitioners many upsetting and powerful feelings of inadequacy, inferiority and powerlessness" (p. 377). Watkins' (1992) use of his case examples also indicated that trainees experience of this type of reaction during counselling. For example, in describing one of his trainees, he wrote that she "lacked confidence and felt unsure of herself" (p. 117).

A number of studies using critical incidents found that competency is a prevalent issue among counsellor trainees. Cormier (1988) noted that the most frequently mentioned critical incidents were those dealing with "competency and inadequacy. . .power and helplessness" (p. 132). Studies by Heppner and Roehlke (1984) and Rabinowitz et al. (1986) suggested that advanced supervisees reported significantly more critical incidents that dealt with competence than predoctoral interns. For example, Rabinowitz et al. (1986) found that the competency issues with which advanced trainees were found to struggle included, "having confidence in my ability to make appropriate interventions and trusting my feelings in responding to clients" (p. 299).

Literature on Trainees' Response Strategies

The model described in this present study showed that the experience of inner chaos resulted in engaging in various response strategies. Specifically, 'Responding to Internal Chaos' emerged as the second major theme. This study suggested that trainees used reflecting, dialoguing with others, boundary setting and experimentation strategies. A comparison between the findings on the response strategies of reflecting, dialoguing and experimenting in this study and the existing literature shall be noted.

In the present study, it was shown how in the face of experiencing anxiety and dissonance that trainees engage in some form of internal reflection and questioning. Numerous authors have described similar phenomena (Gelatt, 1995; Kaslow, 1986; Sawatzky et al., 1994; Schauer et al., 1985; Skovholt & Ronnestad, 1992; Watkins, 1992). Gelatt (1995) wrote that in the counseling profession, chaos is a theme for personal reflection and self-renewal (p. 108). Kaslow (1986) noted that anxiety is often followed by trainees engaging in an existential dialogue, asking questions such as, "Will I be a good therapist?; Will I be able to become a technical genius?; and, Will I please my supervisor?" (p. 242). In Schauer et al.'s (1985) study it was found that trainees ponder such issues as, "What will the client think of me as a counsellor?" (p.280). For Watkins (1992), a trainee's lack of self-confidence was followed by reflecting, "'Was that intervention all right?' and, 'Did I handle this situation correctly?'" (p. 117). Finally, in their theme 'Responding to Dissonance', Sawatzky et al. (1994) wrote that altering

one's attitude to dissonance through self-reflection "took the form of soul searching, self-analysis, journal writing" (p. 183).

In Skovholt and Ronnestad's (1992) stage model on counsellor development, they identified the learning processes used by individuals in their first year of graduate school to those with an upwards of 10 to 30 years of professional experience. For individuals in the middle years of graduate school, individuals akin to the participants in this present study, introspection and cognitive processing were found to be the two types of learning processes in which individuals engaged. The processes identified by Skovholt and Ronnestad are not unlike the inner strategies used by trainees in this current study. Furthermore, Skovholt and Ronnestad noted that "as the professional matures, continuous professional reflection constitutes the central developmental process" (p. 105). They identified a number of parts contributing to personal reflection, one being a reflective stance. Skovholt and Ronnestad wrote,

> paramount in this process is a reflective stance, which means that the individual is consciously giving time and energy to processing, alone and with others, impactful experiences. An active, exploratory, searching and open attitude is of extreme importance. Asking for and receiving feedback is crucial. (p. 107)

The last statement of the preceding quotation is interesting as the findings of the present study also indicated the use of dialoguing with others or soliciting feedback as a strategy in one's development. Dialoguing with others occurred in regards to feelings, events in therapy, and one's performance. It involved

self-disclosing, consulting with other professionals, and getting feedback. Skovholt and Ronnestad (1992) wrote of the particular importance of accessing external support during the beginning of one's career and at transitional points. Practicum experiences and the internship were noted as important times when trainees solicit feedback and support from one's supervisor and peers (p. 120).

To cope with the anxiety, lack of confidence and excitement of working with clients , Friedman and Kaslow (1986) wrote of trainees' consultations with supervisors over various client issues such as:

> not appearing for, canceling, or coming late to scheduled appointments; making numerous between-session telephone calls to the therapist; asking personal questions of the therapist; demanding concrete advice; or appearing in an intoxicated state at appointment times. In addition, trainees want to know how to respond to a patients' excessive tearfulness, psychotic productions, rage reactions, suicidal ideation, gross acting out between sessions. (p. 35)

Certainly, many of these issues were similar to those grappled with by the participants in the present study.

In regards to suicidal clients and the anxiety experienced in response to such an event, a number of studies outlined the response strategies used by counsellors. For example, Menninger (1991) indicated that of the therapists who had experienced a client's suicide, 90% responded to it by discussing the situation with colleagues (p. 218). Similar findings were cited by Kleepsies et al. (1990) and Kleepsies, Penk, & Forsyth (1993) who noted that the greatest number of participants responded by soliciting support from their

supervisor and by reviewing and trying to understand a client's behaviour by meeting with their supervisor.

With respect to the category 'Experimenting with Tools', Brack, Brack, and Zucker (1995) stated that when encountering chaos, that is, turbulent times when one feels confused, threatened, and unstable, counsellors respond to it "by focusing on action, experimentation, diversity and empowerment, both for themselves and for their clients" (p. 206). Yogev (1982) and Hess (1986, 1987b) both highlighted periods in which trainees develop and experiment with various skills. Furthermore, Sawatzky et al. (1994) also identified risk taking as an important part of responding to dissonance. According to Sawatzky et al., "as risky situations were negotiated within a sufficiently safe environment, emotional comfort abated" (p. 183).

In the following section, the outcomes of responding to one's internal chaos shall be discussed, drawing comparisons to existing literature. The third major theme, entitled 'Finding Order within the Chaos', involved the trainees discovering a sense of order. A sense of order came through: (a) trainees building upon new and/or existing skills; (b) trainees shifting their emotional perspectives; (c) trainees establishing a sense of congruity between themselves and their therapeutic beliefs; and, (d) trainees developing new insights about themselves, clients, and therapy. Given the vastness of these results, only 'Shifting Emotional Perspectives' and 'Developing New Insights about the Self' will be addressed.

Literature on 'Shifting Emotional Perspectives'

In the present study, it was shown that through encounters with critical incidents, trainees felt more empowered, less anxious, and more affirming of themselves as competent. Various models propose that counsellor development entails similar emotional shifts.

With respect to feelings of empowerment (e.g. confidence, trust, openness to learning), models by Hogan (1964), Loganbill et al. (1982), Stoltenberg (1981), Watkins (1990) and Wise, Lowrey, and Silverglad (1989) all suggested that with time and experience trainees build up their levels of self-confidence. Research studies (Hill et al., 1981; McNeill et al., 1985; Reising & Daniels, 1983; Sawatzky et al., 1994) which empirically examined counsellor development came to similar conclusions. For example, in Sawatzky et al.'s study, a theme of 'Feeling Empowered' emerged. In discussing this theme, the authors noted that as a part of the positive spiral of development, trainees became more trusting and confident in themselves. Furthermore, this "increased confidence was reflected in willingness to try a variety of approaches and to work with varied client populations" (p. 187). Gelatt (1995) noted that with the experience of chaos there comes an excitement of new possibilities and an openness to surprise (p. 109). Similarly, Friedman and Kaslow (1986) commented that over the course of development, trainees feel more secure and confident in themselves. In feeling more secure, they noted that "the trainee is better able to explore and experiment with novel points of view" (p. 41). In a case study by Watkins (1992), it was noted that "as the year wore on and C acquired more

experience, she became more confident in her abilities to work with and handle client issues" (p. 117).

In the present study, the findings that trainees' anxiety decreased and one became more affirming of oneself were also consistent with the literature (Hillerbrand & Claiborn, 1990; Skovholt & Ronnestad, 1992; Stoltenberg, 1981; Stoltenberg & Delworth, 1987; Yogev, 1982). Yogev (1982) proposed that in acquiring skills, receiving and using feedback and supervision, students not only feel less anxious, but are able to validate themselves as competent. In Skovholt and Ronnestad's (1992) study, one major theme which emerged dealt with the idea that as the person develops as a therapist, there is a decline in anxiety levels. In discussing this theme, these authors noted that "the professional individuation and accumulated wisdom processes are essential in the replacement of anxiety with quiet comfort and confidence" (p. 115). The movement towards affirming oneself as a competent therapist has also been noted. For example, Sawatzky et al. (1994) wrote of trainees who were able to validate "the discipline and profession of psychology, along with their place in it" (p. 188). Friedman and Kaslow (1986) noted that during the 'Calm and Collegiality' phase of development, self-doubts about competency became less intense and trainees came to see and accept themselves as trusted members of their professional community (p. 45).

Literature on Insights about the Self

The model presented findings which showed that trainees came to new insights about themselves. These insights about the 'self' were broken down into the

following: (a) trainees came to understand their roles and responsibilities in therapy; (b) trainees developed insights about their internal chaos; and, (c) trainees developed insights about their behaviours.

Various authors have addressed similar issues. With respect to the clarification of roles and responsibilities, Olk and Friedlander (1992) noted that with increased experience, role ambiguity, that is, the uncertainty about the expectations of oneself, decreased. Skovholt and Ronnestad (1992) described a theme of professional development entitled, 'Increased Boundary Clarity and Response Differentiation' (p. 513). They noted that in the beginning of professional development, the therapist assumes total responsibility for the client. With exposure to different experiences, the therapist comes to clarify that his or her role is not to be excessively and unnecessarily responsible for the client. As a result of this recognition, individuals become better able to set protective boundaries around themselves and regulate the amount of their professional involvement (p. 513). For Friedman and Kaslow (1986), the fourth stage of their model, 'Exuberance and Taking Charge' is marked by the trainee's sense of himself or herself as 'healer' (p. 40). They also stated that "trainees feel more in command professionally because they know more about the treatment process, what their job is and how likely it is that they will be able to facilitate certain changes in a given client" (p. 40). Similarly, Wise et al. (1989) noted that trainees eventually develop a clearer sense of what constitutes their identity as a therapist.

Trainees' development of insights about their internal chaos and behaviours is consistent with much of the research. According to Stoltenberg (1981), a trainee becomes a "master of the trade who is insightfully aware of certain dependency needs as well as any neurotic motivations" (p. 62). During Stoltenberg and Delworth's (1987) phase three of development, the trainee is aware of his/her emotional reactions to events in therapy and comes to understand the impact of his/her self on clients. Borders (1990) noted that trainees come to perceive themselves as "more aware of their own motivations and dynamics" (p. 164).

A number of studies (McNeill et al., 1985; McNeill et al., 1992; Tyron, 1996) empirically demonstrated that increases in self-awareness are a natural part of counsellor trainees' developmental process. Of the studies that examined self-awareness, Holloway (1992) noted that with experience, there is an increased "focus on personal growth issues such as countertransference....and self-awareness" (p. 191).

Given what the present study and past research has revealed about counsellor development, it now becomes important to address the training implications of such research. Although the implications of a multitude of findings could be addressed, only a select few will be discussed. Specifically, training issues related to anxiety, the supervision relationship, and self-reflection will be addressed.

Implications of the Research

It is acknowledged from this present study and others (Grater, 1985; Hess, 1986; 1987b; Hogan, 1964; Hunt, 1962; Skovholt & Ronnestad, 1992; Stoltenberg &

Delworth, 1987) that counsellor trainees experience anxiety as a part of their development. In commenting on this emotional reaction, a number of authors (Costa, 1994; Dodge, 1982; Freeman, 1993; Liddle, 1986) have suggested that anxiety is not a desired experience. Such a viewpoint leads to the idea that anxiety is a reaction to be eliminated rather than embraced. For example, from the cognitive therapy perspective, it has been suggested (Dodge, 1982; Liddle, 1986) that a trainee's cognitions are important because they can contribute to the creation of maladaptive emotional states and behaviours. Certain emotional states, such as anxiety, can interfere with a trainee's ability to work with clients and/or a supervisor. According to Wessler and Ellis (1983), irrational cognitions which interfere with performance include, 'I must do well in supervision and be approved by my supervisor', 'My supervisor has to be competent and treat me fairly' and, 'My supervision program must be well arranged and effective' (p. 47). Similarly, Schmidt (1979) noted that an ideation such as "I must make the right decision or something will happen" (p. 280) is intrusive to performance.

A cognitive-oriented supervisor may choose to deal with a trainee's maladaptive cognitions using a number of approaches. Ellis' (Wessler & Ellis, 1983) rational-emotive therapy, Meichenbaum's (1977) self-instructional method and Dodge's (1982) anxiety management model are the frameworks used most frequently. These models all seek to remove anxiety through the replacement of irrational or maladaptive cognitions with cognitions that are more rational and logical.

While some individuals view anxiety as an undesirable state, the present study takes on a perspective that sees anxiety more positively. On the basis of the findings of this model, it is believed that through a trainee's experiences and struggles with anxiety, he/she encounters self-growth, awareness, and the sense of being an empowered, competent professional. Certainly, exteme levels of anxiety are seen as debilitating, but the anxiety experienced by trainees when facing critical incidents, such as first time experiences, is seen as relatively normal and as an opportunity to grow.

There are other authors who also view anxiety in a more positive light. The outcomes of Sawatzky et al.'s (1994) study indicated that "anxiety may play a constructive role in counsellor development" (p. 190). In their study, counsellor trainees stated that taking risks and the experience of anxiety were pivotal in inducing feelings of empowerment. A study by Friedlander et al. (1986), concluded that the dissonance and anxiety of supervision is valuable in contributing to a trainee's learning and development (p. 77).

The value of experiencing anxiety can also be extracted from the writings on chaos theory (Brack et al., 1995; Butz, 1995; Gelatt, 1995; Wilbur, Kulikowich, Roberts-Wilbur & Torres-Rivera, 1995). Wilbur et al. (1995) stated that in the face of life events, cognitions and emotions are not simple, but complex and chaotic. According to Butz (1995), chaos arises when one has the "psychological experience of encountering material that is outside the bounds of an 'order' that one is accustomed to" (p. 85). Applying the ideas of

chaos theory to counsellor training, Wilbur et al. (1995) proposed that chaos should not be eliminated but rather "counsellors could be prepared to flexibly tolerate the chaos and disorder of their own and their clients' life-situations" (p. 136).

Similar to Wilbur et al.'s (1995) idea that chaos should be flexibly tolerated, Gelatt (1995) presented the idea that one should learn to dance with chaos. In dancing with chaos, this author suggested that one develops a compassion towards it. Of this idea, Gelatt wrote:

> Dancing could be the metaphor for managing change in the future. Managing chaos is like dancing on a slippery floor. It is unsettling; and you are tempted to just stand still. But in the future, there will be no security in standing still. Standing still may be more risky than dancing and probably turn out to be unsafe. . . .Compassion, of course, involves a sensitivity to self, others, and the environment. This compassionate sensitivity to the changes going on inside and outside of us will lead to a new kind of strategy for dancing with the future. I have called this strategy Positive Uncertainty. It suggests the acceptance of chaos. . .and recommends a positive attitude. (p. 113)

To facilitate the acceptance and tolerance of anxiety, it is suggested that the supervisory relationship be used for this purpose. Specifically, an environment in which a trainee's emotional experiences are validated and normalized would be seen as helpful. A client-centered approach to supervision in which the Rogerian tenets of empathic understanding, genuineness, and respect are seen as facilitating the counsellor's growth. It is believed that the presence of the essential therapeutic conditions outlined by Rogers (1957) gives the supervisee a "sense of personal

security so that he or she will feel free to express personal thoughts without adverse judgments or refection" (Loganbill et al., 1982). According to Rice (1980), a safe relationship in which the interpersonal anxiety is kept at a low level allows one to face and tolerate their intra-personal anxieties (p. 137). Furthermore, the experience of being in a supervisory environment where an apprentice feels free to acknowledge and experience his/her thoughts, feelings, and experiences results in a more genuine therapist.

In establishing a context of safety using the Rogerian approach, certain concrete therapeutic techniques can be used to help trainees process their anxiety. Masters' (1992) method of positive reframing emphasizes an individual's experience of personal power and self-esteem. While Albert Ellis views irrational cognitions and anxiety as being debilitating, Masters asserts a positive and useful purpose for the cognitions and anxiety. Anxiety can be reinterpreted as a normal experience and as a sign of wanting to do well. The Taoists had also had an interesting perspective on chaos. They suggested that "in the chaos is the seed of creation" (Butz, 1995, p. 87). Perhaps this is another way of positively reframing the experience of anxiety. Norman (1987) made a similar statement about the benefits of reframing anxiety as normal and something experienced by the most excellent clinicians (p. 377). She also stated that in a safe environment in which a trainee is able to discuss and process his or her feelings, the experience of anxiety is short-lived.

The approach of positive reframing is compared to the art of Tai Chi. Masters of Tai Chi have learned how

to use the forces of an opponent to their own advantage. The forces of an aggressor are not seen as being harmful, rather, they are seen as positive tools which can be used to defeat the opponent. A negative force is not fought against, but is positively incorporated into one's self. With respect to anxiety, both the art of Tai Chi and positive reframing would create useful purposes of anxiety. Perhaps such approaches could be used to trainees benefit.

In addition to using aspects of the supervisory relationship to process and tolerate anxiety, the use of self-reflection is also encouraged. For many of the participants in this study the use of the intrapersonal strategy of reflection seemed to be pivotal in developing new insights and shifting their emotional perspectives. Specifically, it is recommended that trainees be educated in the use of journal writing as a means of self-exploration and self-reflection.

Journal writing has been used as a prescribed therapeutic tool for clients (Bass & Davis, 1988; Lepine, 1990; Malmo, 1990; White & Epston, 1990) and its benefits have been cited (Leavitt & Pill, 1995). For example, Brand (1979) stated that "its capacity to help people uncover new levels of self-awareness and its promise in terms of self-help offer unique potential for inner human exploration" (p. 53). It has also been suggested that journal writing can help clients take risks, express feelings, develop new insights and release energy for problem-solving (Leavitt & Pill, 1995, p. 139). White and Epston (1990) discussed the use of written traditions, noting:

> the written tradition is one important mechanism. . .for the generation of meaning in our lives. Persons who seek therapy frequently experience an incapacity to intervene in a life that seems unchanging; they are stymied in their search for new possibilities and alternative meanings. Consequently, it would seem that the written tradition, insofar as it facilitates the mapping of experience onto the temporal dimension, has much to offer to those activities defined as therapy. (p. 36)

Given that journal writing has made contributions to clients' personal growth, it is believed that it could also make similar positive contributions to the personal and professional development of trainees. As with clients, journal writing could assist counsellors in taking risks, processing their emotional reactions and developing understandings into the nature of therapy, clients and themselves.

McConnaughy (1987) stated that in order to function as an effective therapist, one must be self-aware and self-accepting. According to McConnaughy, "the process of giving permission to his or her own experience of inner thoughts and feelings can lead the therapist to deeper understanding of the self and thereby a greater capacity to facilitate clients' self-awareness" (p. 305). A commitment to knowing oneself becomes an asset rather than a liability to one's development, and ultimately, to one's practice.

Contributions and Recommendations

With the exception of a few studies (Ellis, 1991; Sawatzky et al., 1994), little research has been conducted which explores in detail the ongoing critical incidents in the development of counsellor trainees. This study was an attempt to clarify the types of

critical incidents experienced by trainees, their reactions, coping strategies and outcomes of facing critical incidents.

The contributions of this study are valuable in many ways. In the following section, the contributions of this research to the counsellor development literature as well as recommendations for counsellor training programs shall be addressed.

1. The study makes an important contribution in that it helps to formulate a better understanding of the counsellor development process from the trainee's perspective as opposed to the supervisor's perspective. This contribution is valuable in two ways. First, the study gave students a forum from which they were able to speak their voice. This is seen to be empowering as the emphasis was on the trainees and incidents which they identified as important. In the context of counsellor training programs, it is recommended that educators encourage their trainees to become familiar with such research. Knowledge of the critical incidents that other trainees have identified as important, as well as their reactions and outcomes, could be seen as helpful in educating them about their developmental process and normalizing the process. Doing this might help them to develop a sense of empathy towards themselves.

In addition to helping trainees develop insights about their developmental process, it is hoped that supervisors who use this research will also develop a more accurate understanding and awareness of the trainees' experiences, concerns and vulnerabilities. For many supervisors, time and experience sets up a distance between themselves and the student's

chaos. For me, chaos

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